



Dear Parent/Guardian,

I am pleased to provide you with the following details regarding our incursion by Sticky Prick Bee Haven during Week 8, Term 1.

This incursion has been planned to supplement the learning program in your son's/daughter's classroom.

Please retain this information and return the consent form (opposite) by Tuesday 17 March 2020.

VENUE: West Leederville Primary School

DATE: Students to attend one session on the Wednesday, 25 March or Friday 27 March

TIME: 1 hour session

COST: \$5.50

DRESS: Blue school uniform

SUPERVISION: Classroom teachers and education assistants

NOTE:
 Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities. Parents/guardians should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent. Costs incurred as a result of accident or illnesses are the responsibility of the parent/ guardian.
 Parents are required to inform the organisers well before the scheduled excursion departure of any change to their child's health and fitness so that appropriate supervision may be arranged. Where it is considered necessary, school staff will arrange medical assessment and treatment for students. Should you have any queries, please do not hesitate to contact me/ the teacher in charge of the excursion on 9381 1655 or via email.

Rochelle Reeves, Nicole Addison, Lynne
 Drysdale, Shannon Holmes
 Classroom teachers

Fiona Kelly
 Principal

STICKY PRICK BEE HAVEN PAYMENT METHOD
 Students from Year 4 - \$5.50 per student

Child's name: _____ Teacher: _____

My child will be participating in the Sticky Prick Bee incursion during Week 8, Term 1 on either Wednesday 25 March or Friday 27 March for the cost of \$5.50.

Please:

Debit my child's school based account. (PLEASE ENSURE SUFFICIENT FUNDS).

The following options are available to top up your student based account. We recommend a deposit of \$100.

Direct bank deposit Visa payment Cash/ Eftpos

BSB: 036 044 Telephone 9381 1655 or call in at
 Account No: 123672 the office.
 (use child's name & unallocated as
 reference).

Direct Deposit and Credit Card payments only accepted where cost exceeds \$20

I enclose \$ _____ (Please bring cash directly to the office. No change will be given. A credit will appear on your statement).

STICKY PRICK BEE HAVEN INCURSION FORM – Year 4

I have read and understood the information regarding the Sticky Prick Bee Incursion on Week 8, Term 1 on either Wednesday 25 March or Friday 27 March 2020 and give my consent for _____ (name) to attend.

Signature of parent/guardian _____ Date _____

RETURN TO CLASSROOM TEACHER BY Tuesday 17 March 2020.