

Dear Parent/Guardian.

I am pleased to provide you with the following details regarding our excursion to the WA Museum Boola Bardip exhibition on Monday 15 August 2022.

This excursion has been planned to supplement the learning program in your child's classroom.

Please retain this information and return the consent form, along with payment, (opposite) by Friday 5 August 2022.

VENUE: WA Museum

DATE: Monday 15 August 2022

TIME: 9am to 2.30pm

TRANSPORT: Train

COST: \$9.00

DRESS: Blue school uniform

ITEMS Recess, lunch and water bottle in a small backpack or bag. Hat.

REQUIRED:

SUPERVISION: Classroom teachers, education assistant and volunteer parents.

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 illness 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 gueries, please do not hesitate to contact me/ the teacher in charge of the excursion on 9366 9750 or via email.

Hannah Gimpel, Emily Grainger Sheri Evans & Jo Stanton Principal

Classroom teachers

WA MUSEUM EXCURSION PAYMENT METHOD Students from Year 4- \$9.00 per student

Child's name:	Teacher:	_
My child will be participating the cost of \$9.00.	n the WA Museum excursion on Monday 15 August 2022 for	
Please:-		
Debit my child's school ba	sed account. (PLEASE ENSURE SUFFICIENT FUNDS).	
The following options are availadeposit of \$100. BSB: 036 044 Account No: 123672 (use child's name & unallocated as	Telephone 9366 9750 or call in at the office. Cash/ Eftpos	
Direct deposit and Credit Car	I payment is not available for costs under \$20.	
*		-
WA MUSEU	M EXCURSION CONSENT FORM – Year 4	
I have read and understood t	ne information regarding the WA Museum excursion on	
	ve my consent for(name) to	
attend.		
Yes I am able to help:		
(Please liaise with the classro	om teacher)	
Signature of parent/guardian	Date	
RETURN TO	OFFICE BY Friday 5 August 2022	