YEAR 4 EXCURSION

9th February 2015

Dear Parents,

As part of the Year 4 First Contacts Unit, the students will be visiting Australiana Pioneer Village, Wilberforce.

Date: Tuesday 10th March 2015

Time: The bus will depart the school at 9am and return at 2.30pm. Children will need to be at school by 8:45am.

Cost: Included in the activity fee

What to bring: The students will need to bring lunch and recess as well as plenty of water.

What to wear: The students are asked to dress in a character from Australia’s Early Settlement for the day, e.g. convict, soldier, free settler.

Parent Helpers: We need parents who will act as parent helpers for this excursion. The parent helper will be responsible for the supervision of a group of students. If you are able to assist, please complete the form below.

Regards,
Dolores Grima Starkey and Megan Vella

Year 4 Australiana Pioneer Village, Wilberforce Excursion 10th March 2015

Parent Helpers

I would be available to act as a parent helper for the Australiana Pioneer Village excursion.

☐ I have completed the Child Protection on-line training course and is current (This training needs to be done every two years).

☐ I have had the opportunity to be a parent helper on an excursion before.

☐ I have never had the opportunity to be a parent helper on an excursion before.

Name: __________________________

Phone Number: ______________________
Excursion: Australiana Pioneer Village, Wilberforce.

Date: Tuesday 10th March 2015  
Cost: Covered by Activity Fee

I understand that the children will be travelling by: Bus

I give permission for my child: __________________________________________ in class: _______ to attend this excursion.

Medical Details

Does your child have any medical condition, which you feel that teachers should be aware of?

Please list any allergies and the symptoms.

Does your child need to take medication during the excursion? (Details needed by the Teacher)
Students requiring puffers will need to bring them on the day.

Is there any other matter regarding your child’s welfare and enjoyment of the excursion which you would feel the teacher should know?

Parent/Carers Contact Details

During this excursion I may be contacted on:
Mother’s Home/Work/Mobile Phone No’s: __________________________________________
Father’s Home/Work/Mobile Phone No’s: __________________________________________
Emergency Name and Phone No: __________________________________________

Emergency

In the event of an emergency I give the teachers of Our Lady of the Way School permission to seek medical attention for my child. I understand that I will be notified as soon as possible.

Parent/Carers signature ________________________ Name – please print ________________________

Date: ________________________