Dear Parents,

In order to enhance the children’s studies in Human Society and Its Environment and Science and Technology, we have arranged a 2-day/1night excursion to Canberra in Week 1 of Term 2.

During our visit the main focus will be the study of Federal Government. To do so we will visit Parliament House, where the children will visit both Houses of Parliament and the Parliamentary Education Centre. We will also visit the Electoral Education Centre, which we have found to be highly beneficial in developing the children’s understanding of how preferential voting works.

Other planned visits include Old Parliament House, Australian War Memorial, Australian Institute of Sport, C.S.I.R.O. and Questacon.

A detailed itinerary and medical details form will be sent home in the coming weeks.

WHEN: Thursday 28th April and Friday 29th April, 2016

COST: Cost per child for this excursion is $240.00

PLEASE NOTE:
- Payment can be made at any time before the due date and can be paid by instalments.
- Payment should be finalised by Friday, 8th April.
- As we need to finalise numbers now, please complete the attached slip and return to school before Wednesday, 9th March.
- If you have any difficulty with payment, please contact Mrs Veling as soon as possible. (ALL children are expected to attend the excursion so delayed payment or a payment plan can be arranged where genuine financial hardship is a consideration.)

Yours sincerely,

Sue Veling  Michael Mifsud  Kirsty Reynolds
Principal  Assistant Principal  Year 6 Teachers

Assistant Principal

Patricia Scott
Permission Note Excursion

**Excursion:** Year 6 Canberra 2 day/1 night excursion  
**Date:** 28th/29th April  
**Cost:** $240.00

I understand that the children will be travelling by: Bus

I give permission for my child: __________________________________________ in class: ________ to attend this excursion. Please find enclosed $____________ to cover the cost of the 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)*

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

Any special Dietary Requirements *(for overnight excursions)* e.g. allergies; sensitivities; Intolerances etc.

### 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/Guardian signature                                      Name – please print

_________________________

Date: ________________________________