

Grade 1/2 CERES Excursion



Dear Parents/Guardians,

This term we are very excited to be exploring the many different cultures that our students bring to Amsleigh Park. To immerse the students in some different cultures we are heading to CERES to complete a multicultural program where students will learn about African, Indonesian and Indian traditions, celebrations, music and daily life. We will require some parent helpers for this excursion, if you wish to come along please speak to your child's teacher. (Please be aware we cannot take any younger siblings and any parent helpers must have a current Working With Children's Check that has been sighted by the office.)

WHEN:	Monday 17 th October	TIME: Depart: 9:15am Return: 3:00pm
WHERE:	CERES Community Environment Park, Brunswick East, 3057	TRANSPORT: Bus
BRING:	Students to bring a small backpack with their lunch, snack and drink bottle (water only). Full School Uniform must be worn. (Please bring a hat and dress in weather appropriate clothes, with comfortable walking shoes.)	COST: \$30 (included in the 2016 excursion levy)
WEAR:		

Louise De Fazio, Emily Tapper, Tara Hickey and Melissa Den Elzen

Please sign and return the following permission form (and payment if required), to your child's classroom teacher by **Wednesday 12th October.**

LATE PERMISSION FORMS / PAYMENTS WILL NOT BE ACCEPTED

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APPS GRADE 1/2 CERES EXCURSION

I give permission for my child _____ of Grade _____ to travel by bus to and from CERES Community Environment Park on Monday 17th October, 2016.

- I enclose payment, CASH / CHEQUE / CREDIT CARD of \$30 to cover the cost of this excursion.
- I have already paid \$30 as part of the 2016 excursion levy.

- I authorise the teachers in charge of the excursion to consent, where it is impractical to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary and understand that the Department of Education and Training (DET) does not provide personal accident insurance to students.*

Parent Name: _____ Signature _____

Contact Phone Numbers _____

CREDIT CARD PAYMENT AUTHORITY - MasterCard or Visa only
DO NOT COMPLETE FOR A DEBIT / EFTPOS CARD – TAKE CARD IN PERSON TO GENERAL OFFICE FOR PROCESSING

Student Name: _____ **Grade:** _____

Cardholders Name: _____ (Please print clearly)

Signature: _____ Date: _____

Card Expiry Date: ____/____ **Amount \$** _____ (For APPS Year 1/2 CERES Excursion)

Card number

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