6/5/2016

Grade 1/2 Healesville Sanctuary Excursion

Dear Parents/Guardians,
This term the Grade 1 and 2 students have been learning about living things, with a focus on how animals grow and change throughout their lives. The students will be attending an excursion to Healesville Sanctuary to assist in enriching their knowledge about the topic. The students will see a range of Australian wildlife close up and will learn about the animals' features, habitats and life cycles.

WHEN:	Friday 27th May, 2016	TIME: Depart: 9:00am Sharp (Students will need to be at school at 8.45am ready to leave on the bus at 9.00am) Return: 3:15pm
WHERE:	Healesville Sanctuary Badger Creek Road, Healesville, Vic, 3777	TRANSPORT: Bus
WEAR: BRING:	Full School Uniform must be worn. (Please dress in weather appropriate clothes, with comfortable walking shoes.) Students to bring a small backpack with their lunch, snack and drink bottle (water only).	COST: $30.00 (included in the 2016 excursion levy) Students who have not paid the levy in full must pay to attend.

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

Please sign and return the following permission form (and payment if required), to your child's classroom teacher before **Friday 20th May.**

LATE PERMISSION FORMS / PAYMENTS WILL NOT BE ACCEPTED

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APPS GRADE 1/2 Excursion to Healesville Sanctuary

I give permission for my child _____of Grade _____ to travel by bus to and from Healesville Sanctuary on Friday 27th May.

☐ 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 GRADE 1 /2 HEALESVILLE EXCURSION))*

Card number

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