

## BYFORD PRIMARY SCHOOL



Dear Parents / Caregiver's,

### Please retain this note for future reference

Your child's class will be attending an excursion /incursion to: **Grand Cinemas Armadale**

<i>Date</i>	30/11/2017		
<i>Location</i>	Grand Cinemas Armadale	<i>Students Attending</i>	Room 9
<i>Cost</i>	\$17.50		
<i>Transportation</i>	Settlers Transport	The bus will take the most direct, practical route to and from	
<i>Leave Byford Primary School</i>	9.45 a.m.	<i>Return to Byford Primary School</i>	12.30 p.m.
<i>Students will be participating in</i>	<ul style="list-style-type: none"><li>• <b>Watching the movie Wonder</b></li></ul>		
<i>Educational Outcomes of the excursion</i>	Students from Room 9 have been reading the novel Wonder by RJ Palacio. We will be watching the movie version to extend our understanding of the themes presented.		
<i>Members of the supervisory team</i>	Miss Collings, Ms Cozens		

The cost of the excursion, permission slip and medical forms must be returned by:

**Tuesday 28<sup>th</sup> November 2017**

In the event of accidents or illness, first aid will be provided on site by Byford Primary School staff. Additional treatment will be sought if required.

#### Please Note :

Liability for loss or damage to student property and medical costs incurred in case of accident or illness are parents responsibility.

School staff are not responsible for any loss or damage to your child's personal property that may occur during the course of the excursion.

All students will be required to come to school in full school uniform in order to participate in this excursion.

**If your child is involved in a serious breach of the school Behavior Management Policy and receives detention in the lead up to the excursion, your child may be excluded from participating.**

Please contact the teacher in charge on 9525 1337 for further information on this excursion.

## BYFORD PRIMARY SCHOOL



### Excursion Permission Form

I am aware that any costs incurred as a result of accident or illness are my responsibility and that school staff are not responsible for any loss or damage to my child's personal property that may occur during the course of the excursion.

I agree to inform the organizers before the scheduled excursion departure of any change to my child's health and fitness so that appropriate supervision may be arranged.

I acknowledge that, should it be considered necessary, school staff will arrange to present my child for medical assessment and treatment. Ambulance transportation will be used if deemed necessary. Parents are responsible for these costs.

Your child's class will be attending an excursion/incursion to: **Grand Cinemas Armadale**

Date	Thursday 30 November 2017
Location	Grand Cinemas Armadale
Cost	\$17.50
Transportation	Settlers Transport
Notes	The cost includes movie entry and a choc bomb. Students must be in school uniform to participate in this excursion.

Please return this permission slip by: **Tuesday 28<sup>th</sup> November 2017**

**If your child is involved in a serious breach of the school Behavior Management Policy and receives detention in the lead up to the excursion, your child may be excluded from participating.**

I have read and understood the information regarding the excursion / incursion and give permission for my child:

Name: \_\_\_\_\_ in room: 9

to attend the excursion/incursion to Grand Cinemas Armadale on Thursday 30 November 2017

to cover the cost of the trip.

Enclosed is \$ \_\_\_\_\_ (Cash or cheque made payable to Byford Primary School.) or

Deposited \$ \_\_\_\_\_ Into Byford Primary School's bank account

Byford Primary School BSB: 066 040 Acct: 19902028

Reference: Your child's name/room no.

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:

Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

The following details have changed from those recorded on my child's medical information form.

Please tick only if you wish to complete another Student Health Form ☐