Glenroy West Primary School

York Street

P.O. Box 547

GLENROY 3046

Phone: 9306 8955

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**FOUNDATION EXCURSION BUNDOORA PARK FARM**

20 February, 2019

Dear Parent/guardian,

Next term Foundation students will start a new Unit of Inquiry based around the central idea, **‘The world can be observed’.** To further their knowledge, Foundation students will be going on a full day excursion on **Tuesday 30th April** to Bundoora Park Farm. Students will participate in the ‘Seasons of the Farm’ program that includes a farm tour, wildlife ride and a gardening activity.

The cost of the excursion is **$27.50**. Students will depart school at 9.15am and return to school by 3.00pm. Travel to/from the farm will be by bus.

Students should bring a packed snack and lunch, their hat and something to wear in case of inclement weather.

The consent form and money are to be returned to school no later than **Friday 5th April.** Please be mindful that permission notes and money will not be accepted on the day of the excursion.

Thankyou,

Pamela Streete Zerrin Eyigun, Teriann Bryers & Julie Tran

**Principal Foundation Teachers**

**-----------------------------------------------------------*DETACH AND RETURN*-------------------------------------------------**

**Permission - Bundoora Farm Park Excursion – Tuesday 30th April, 2019**

I consent for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in home group \_\_\_\_\_\_\_\_\_ to travel to the Bundoora Park Farm by bus.

I authorise the teacher in charge, where it is impractical to communicate with me, to the child receiving such medical and/or surgical treatment as may be necessary and acknowledge that I will be responsible for any costs arising from such treatment/s.

**Please tick payment method and sign permission below:**

 **Enclosed payment of $27.50**

**OR**

 **Use CSEF credit** (please tick if you have unallocated funds)

 I am available to be a Parent Helper and have a current WWCC (copy provided to office staff)

**Please take note of the following medical/important information**

**Allergies/Asthma etc.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PAYMENT AND PERMISSION MUST BE RECEIVED BY FRIDAY 5TH APRIL**