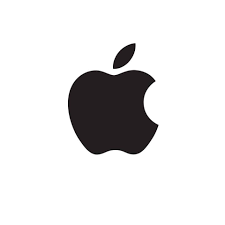
[](https://www.google.com.au/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&ved=2ahUKEwi5lJvM_q3iAhWGuo8KHQ4WC9sQjRx6BAgBEAU&url=https%3A%2F%2Fwww.facebook.com%2FAppleHighpoint%2F&psig=AOvVaw12X9TzbJLbiGWpCRMA9mWD&ust=1558575029948552)

**Apple Store Highpoint**

**Grade 3/4 Excursion**

27 May 2019

Dear Parents/Guardians,

Glenroy West students will bring their learning to life during a hands-on technology workshop experience.

Apple geniuses will show students ways to use technology to create calls to action. They will learn the ways in which they can use emotion and language to encourage their audience to get behind a cause. They may use technology such as pages, iMovie or GarageBand.

The workshop coincides with our Transdisciplinary Theme of “How we organise ourselves” where we will be investigating how, “ICT impacts on the way we connect and operate in the community”. Grade 3/4 students will travel by bus to the Apple Store at Highpoint Shopping Centre, Maribyrnong on one of the two days booked for their workshop experience.

**DATE: Thursday 29/08 or Friday 30/08/2019**

**TIME:** Sessions run at 10am and 12:30pm on Thursday 29/08 for 2 groups and one group at 10am on Friday 30/08

**COST: $28.00 per student**

Please return the attached permission slip and payment by no later than Thursday 22nd of August to your child’s classroom teacher.

**The excursion will be held at Apple Store Highpoint during school hours.** **Students must be in full school uniform and are required to bring their lunch and drink**

Regards,

Pamela Streete Jaclyn Webster, Josie Plane & Hayley Rogers

**Principal** **Grade 3/4 Teachers**

**The due date for payment and permission slip is Thursday 22nd of August, 2019**

**✄**

**Apple Store Highpoint Excursion Permission**

I consent for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in home group \_\_\_\_\_\_\_\_\_ to travel by bus to Highpoint and participate in the Apple excursion on Thursday 29/08 or Friday 30/08, 2019.

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 $28.00**

**OR**

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

**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 Thursday 22nd of August, 2019**