

**Grade 1/2 Excursion**

**CERES Community Environment Park**

17th February 2020

Dear Parents/Guardians,

On **Thursday 14th May**, the Grade 1/2 students are going on an excursion to CERES Community and Environment Park as part of the Primary Years Programme (PYP) unit *‘How we Organise Ourselves.* At CERES, the students will take part in the‘ Where our food comes from , plant a seed, worms and mini beasts, bees and bee dance and the garden discovery’ program. We will be travelling to CERES Community and Environment Park by bus. The cost for this excursion inclusive of travel is **$27.00**.

**We will leave school at 9:00am sharp and return by 3pm.** **Students must be in full school uniform.**

On the day please pack your child’s snack and lunch into a clearly labelled bag. There is no space available at CERES for school bags, so the bag needs to be disposable. Drinks should also be sent in disposable containers (not glass) for the same reason.

Regards,

Pamela Streete Alex Darlington, Rachel Chen, Kirsty Wheeler, Sonia Chen, Andrea Slade

**Principal** **Grade 1/2 Teachers**

**The due date for payment and permission slip is Friday 8th May, 2020**

**✄**

**Grade 1/2 Excursion – CERES Permission**

I consent for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in home group \_\_\_\_\_\_\_\_\_ to travel to CERES Community and Environment Park by bus on Thursday 14th May.

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 $27.00**

**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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I have a WWCC and am able to help on the day.

**PAYMENT AND PERMISSION MUST BE RECEIVED BY FRIDAY 8th MAY 2020.**