17th February 2015

Point Cook Town Centre Excursion
Wednesday 4th of March 2015

Dear Parents / Guardians,

As part of our Inquiry “Communities are organised for our needs and wants”, an excursion has been organised to the Point Cook Town Centre. Students will travel by bus from Seabrook Primary School to the Point Cook Town Centre spending approximately an hour and a half at the centre and then return to school. All classes will be back at school by 1:30pm. Please note that students will need to bring their normal snack and lunch.

Date: Wednesday 4th of March 2015
Venue: Point Cook Town Centre
Time:
Group A - leave school at 9.20 and from Point Cook Town Centre at 11.05 am
Group B - leave school at 10.20 and from Point Cook Town Centre at 12.05 pm
Group C - leave school at 11.30 am and from Point Cook Town Centre at 1.00 pm

Cost: $ 2.50

Dress: Seabrook School Uniform
Bring: a drink bottle of water

Please return the permission envelope and money by Friday 2nd March 2015, so that numbers can be finalised.

We will need parent helpers for our excursion so please see one of us if you are able to attend/assist on this day. As parent helpers will need to supervise small groups of students who will require your full attention, it would not be appropriate to bring younger siblings.

Two parent helpers per class can attend. Please complete the form below if you are willing to assist on the day.

Thank you,

Grade 1 Teachers
Laura Jones, Anisha Dobson, Emma Smith, Meg Collyer, Margot, Trajkovski, Gerald Veale

EXCURSION SLIP - POINT COOK TOWN CENTRE EXCURSION
4th March 2015
(Please fill in and return to your child’s teacher)

STUDENT: ___________________________ GRADE: ______
TEACHER: ___________________________

I hereby give permission for my child to attend the school activity mentioned above. I authorise the teacher in charge of the activity to consent where it is impracticable to communicate with me to my child receiving such medical or surgical treatment as may be deemed necessary.

CONSENT STATEMENT: Please indicate by ticking YES or NO

Does your child suffer from an allergy?  □ YES ___________________________  □ NO ___________________________
(If yes, please write allergy above)

Is your child on any medication?  □ YES ___________________________  □ NO ___________________________
(If yes, please write medication above)

PARENT/GUARDIAN SIGNATURE: ___________________________ DATE: ________________

Contact number in case of emergency ___________________________

Relationship to child: ___________________________