Point Cook Town Centre Excursion  
(Monday 7th of March 2016)

15th February 2016

Dear Parents / Guardians,

As part of our Unit of 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:** Monday 7th of March 2016  
**Venue:** Point Cook Town Centre  
**Time:**
- 1LJ & 1SP - leave school at 9.20 and from Point Cook Town Centre at 11.05 am  
- 1GV & 1LF - leave school at 10.20 and from Point Cook Town Centre at 12.05 pm  
- 1EM & 1MD - leave school at 11.30 am and from Point Cook Town Centre at 1.00 pm

**Cost:** $3.00  
**Dress:** Seabrook School Uniform  
**Bring:** a disposable bottle of water (250ml), sunhat and sunscreen

Please return the permission envelope and money by *Monday 29th February 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 will be selected (drawn from a hat). Please complete the form below if you are willing to assist on the day. We do request that parent helpers complete their working with children check. Once you complete your registration you will receive a receipt. Please bring this through while you wait for your card. You can pick up an application form from your local post office or access it online at:


Thank you,

*Grade 1 Teachers*

Laura Jones, Anisha Dobson, Micaela Macaulay, Emma Meehan, Simone Parker, Lisa Fan, Gerald Veale
PERMISSION SLIP

POINT COOK TOWN CENTRE EXCURSION
(Please fill in and return to your child’s teacher by the 29th of February)

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: _____________________________________________