

National Gallery Excursion

Monday 10 December 2018

This term Year 5 have been studying a variety of artworks and building skills to be able to analyse and discuss them. They will attend an open gallery walk through the National Gallery where a variety of tasks will be completed by them to show what art they like, why they like it, and the tools and strategies they've built to understand, appreciate, and analyse the art around them.

Details of the excursion are as follows:

DATE: Monday 10 December 2018

DESTINATION: National Gallery, Parkes Pl, Parkes

TIME: Depart Kaleen Primary at approximately 11:00am

Return approximately 2:00pm

TRANSPORT: Murrays Bus

CLOTHING: school uniform, hat

WHAT TO BRING: students will need a small bag to take lunch/drink bottle

COST: \$4

ACCOMPANYING TEACHERS: Mr White, Mr Camilleri, Mr Lindsay

If your child would like to attend this artistic excursion, please complete and return the permission slip, along with payment, to your class teacher by Wednesday 5 December, 2018.

Craig White, Ryan Lindsay, Tom Camilleri and Aimee Griggs

National Gallery of Australia Excursion

I give permission for my child _____ in class _____ to take part in the National Gallery excursion on Monday 10 December, departing KPS at 11:00am and returning by 2:00pm, travelling by bus.

I have discussed with my child the need for sensible behaviour on this excursion.

I authorise the school to make arrangements for the welfare of my child (including medical or surgical treatment) in an emergency and I agree to meet the costs associated with any emergency arrangements made by the school. I agree to provide to the school any medical information relevant to this excursion.

I agree that my child will be under the authority of the school for the duration of the excursion.

I have read the attached information regarding this excursion and understand what it contains.

I have enclosed \$4 with this note

Full name of Parent/Guardian (please print) _____

Signature of Parent/Guardian _____

Date _____

Contact phone number _____

This form requests information about students which will be held by the school. This information may be disclosed to government or private medical or para-medical staff and other relevant officers in the event of an accident or emergency. The information is collected as a lawful administrative function of the ACT Department of Education & Training and Children's, Youth & Family Services Bureau.

Payment Slip

Ledger Code: 8039-000-00

Child's

Name: Class:

.....

Please circle payment type:

CASH

QUICKWEB

Payment by QUICKWEB

Ledger Codes:

Reference Number: Date:

.....

Child's Name: Child's Class:

.....



ACT
Government
Education

Family Name:

Amount:

