

10 December 2018

YEAR 6 FUN DAY OUT!

Dear Parents and Carers

As our Year 6 Fun Day Out before finishing at Kaleen Primary School, we will be travelling out of the school to Westfield Belconnen to watch a movie at Hoyts. We will then be going to John Knight Park at Lake Ginninderra. Our program for the day is as follows:

Date: Wednesday 19 December 2018

9:15 – Depart School – travel will be by bus
9:30 – Arrive Westfield Belconnen
10:00 – Movie – *“The Nutcracker and the Four Realms”* rated PG
12:00 - Walk to John Knight Park
12.15 - Games and supervised free play
12:45 – Pizza lunch
2:15- Return to Kaleen Primary

Cost: \$20

This includes:

- Bus fare
- Movie Ticket
- Recess (popcorn and 600ml water at Hoyts)
- Lunch (2 slices of pizza, drink, ice-cream/icy-pole)

Permission slips and payment to be returned by Friday 14 December, 2018

The teachers accompanying students on this excursion will be Kelly Turner, James Shapowloff, Lynn Leon and Jenny Tully.

Kind regards

Kelly Turner, James Shapowloff and Lynn Leon

**PERMISSION SLIP – YEAR 6 EXCURSION TO WESTFIELD BELCONNEN AND JOHN KNIGHT PARK
(Ledger code 8087-000-00)**

To Kaleen Primary School,

I give permission for my child _____ in class _____ to attend the excursion to Westfield Belconnen and John Knight Park leaving at 9:15am and returning by 2:30pm, on Wednesday 19 December, travelling by Q City Bus.

I enclose \$20.00 for the cost of the excursion

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.

Full name of Parent/Guardian (please print) _____

Signature of Parent/Guardian _____

Date _____

Contact 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.

Office Use Only

LEDGER CODE: 8087-000-00

Payment Slip for EFTPOS and QUICKWEB- Year 6 Fun Day

Child's Name:.....

Class:.....

Please circle payment type: **CHEQUE** **CREDIT CARD** **EFTPOS** **QUICKWEB**

Minimum amount for Credit Card is \$12.00

Please make cheques payable to Kaleen Primary School

Payment by EFTPOS

Card Type: Mastercard Bankcard Visa

Card number:

Exp.Date: /

AMOUNT:

\$

Cardholder's full name:..... Child's name:.....

Cardholder's Signature:..... Child's Class:.....

Contact phone number:..... Fee Code:

Payment by QUICKWEB

Fee Code:

Reference Number:..... Date:.....

Child's Name:..... Child's class:.....

Family Name:..... Amount: