

Monday 22 October, 2018

### **YEAR 6 EXCURSION TO THE NATIONAL MUSEUM OF AUSTRALIA**

Students from 6KT, 6LL and 6JS will be attending an educational excursion to the National Museum of Australia to support investigation of our work on Australia's migration story. Students will have the opportunity to participate in an *Australia's Migration Stories* workshop. In the workshop, students investigate some of the ten million migration stories from 1788 to today and reflect on Australia's changing attitudes towards migration.

Students will also have the opportunity to view the Australian Journeys, First Australians and Old/ New Land galleries.

<b>Date:</b>	Tuesday 6 November (week 4)
<b>Time:</b>	Depart: 9:15am, return 2:40pm
<b>Destination:</b>	National Museum of Australia
<b>Cost:</b>	\$13
<b>Travel:</b>	Q City buses
<b>Food:</b>	Fruit break, morning tea, lunch and water bottle
<b>Clothing:</b>	School Uniform.
<b>Teachers:</b>	Mrs Turner, Mrs Leon, Mr Shapowloff, Mrs Tully

The staff will be carrying the school mobile phone to be used if needed for contact with the group, or for calling assistance in an emergency. We will also be carrying the First Aid Kit.

Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities.

Parents should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour. Parents should also be aware that no automatic insurance is provided by the ACT Government in respect of injuries to students, non-enrolled children or yourselves should an injury occur on an excursion. You may wish to consider taking out personal insurance cover for yourself and/or for students and non-enrolled children accompanying the excursion.

Please complete and return the permission slip, with \$13.00 to the front office by **Friday 2 November**.

If you have any questions, please contact your child's teacher.

Kelly Turner, Lynn Leon and James Shapowloff

**PERMISSION SLIP – YEAR 6 EXCURSION TO THE NATIONAL MUSEUM OF AUSTRALIA (Ledger code 8011-000-00)**

I give permission for my child \_\_\_\_\_ in class \_\_\_\_\_ to attend the excursion to the National Museum of Australia on Tuesday 6 November, leaving at 9:15am and returning by 2:40pm, travelling by Q City Bus.

**I enclose \$13.00 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 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.

Minimum amount for Credit Card is \$10.00 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: 8011-000-00**

**Payment by QUICKWEB**

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

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

Family Name:..... Amount: \$

**Fee Code: 8011-000-00**