



Wandin Yallock Primary School

105 Beenak Rd
Wandin North
Victoria 3139

Yarra Hills Secondary College Explorations Day

Dear Parents,

Re: Yarra Hills Secondary College Explorations Day - 26/4/17

During Year 5, students at Wandin Yallock participate in a range of activities at local schools that support student transition from primary to secondary school. As part of these transition activities, all year 5 students will be attending an Explorations Day at Yarra Hills Secondary College, Mount Evelyn campus, on Wednesday 26th April. During the visit, students will participate in a range of engaging, hands on activities including science, food technology and health. The aim of this day is to that expose students to various aspects of secondary school life, helping to make the transition from primary to secondary school smoother. Regardless of which school your child will be going to, participation in this day will be a valuable experience for him/her and as such we expect all students to attend.

Details:

When – Wednesday 26th April

Time – 9.00am-12.30pm

What to bring – morning tea and drink, school uniform.

There is no cost to students. Yarra Hills will provide bus transport to and from the school.

Yours Sincerely,

Jo McCracken and Theresa Myring

Wandin Yallock Primary School

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Yarra Hills Explorations Day

Wednesday 26th April 2017

The Principal

Wandin Yallock Primary School

I give permission for my child _____ Grade _____ to attend Yarra Hills Explorations Day at Yarra Hills Secondary College Mt Evelyn Campus on Wednesday 26th April 2017. Students will be travelling by bus, leaving school at 9.00am and arriving back at 12.30pm.

I consent to my child taking part in this excursion. I authorize the teacher in charge, when it is not possible or otherwise impracticable to contact me, to consent to my child receiving any medical or surgical treatment as may be deemed necessary by a medical practitioner or administer such first-aid as the teacher-in-charge judges to be reasonably necessary and I accept responsibility for the payment of any medical or transport expenses thus incurred.

Parent/Guardian's Name: _____ Contact No.: _____

Parent/Guardian's Signature: _____ Date: _____

Medical Information - Please tick if your child suffers any of the following:

Asthma Anaphylaxis Travel sickness

Other: _____

Medication

Is your child taking any medicine(s)? Yes No

If yes, provide the name of medication, dose and describe when and how it is to be taken.

All medication including details of child's name, dosage and time taken must be given to the teacher-in-charge.

This confidential consent form asks for personal information about your child as well as family members that provide care for your child. All staff at Wandin Yallock Primary School and the Department of Education & Training are required by law to protect the information provided by this consent form. The Department of Education & Training requires this consent form to be signed for all students attending school excursions

A Tradition of Caring and Excellence in Education

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