

GRADE P-3 SCIENCEWORKS EXCURSION

Thursday 9th June 2016

This term we are exploring 'science', and our focus in the second half of the term is on physical science. We are investigating ways that objects move across land, water and through air, and how a push or pull affects how an object moves. As part of this theme, we are going to visit Scienceworks. Students will explore exhibitions such as 'Nitty Gritty Super City', 'Sportworks' and 'Think Ahead'.

Students will also participate in a session led by Museum staff. In this session student will explore the way toys are used to develop imagination and physical skills, as well as providing valuable insights into a wide range of science concepts. This 30 minute show encourages children to investigate the actions of forces in the workings of different toys.

We will be travelling by bus and will leave school at **8.45am sharp** and be returning to school by 3.30pm. Students need to bring their play lunch, lunch and drinks in a small back pack.

The cost of the excursion will be \$22.00.

Kind regards

Ethan Shaw and Theresa Myring



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The Principal

Wandin Yallock Primary School

I give permission for my child _____ Grade _____ to attend the Grade P-3 Scienceworks Excursion at Scienceworks, 2 Booker Street, Spotswood on Thursday 9th June 2016. Students will be travelling by bus, leaving school at 8.45am and arriving back at 3.30pm.

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

Please select Payment Method

(Please note you can include payment for all siblings in the one envelope but one consent form for each child must be included.)

- Please take payment of \$22 from my account **which is in credit**.
- Please take payment of \$22 from my **Camps, Sports, Excursion Funding** (Approved recipients only).
- I enclose \$22.
- Payment by cheque – (made payable to 'Wandin Yallock Primary School')
- Payment by cash or EFTPOS at office
- Direct Deposit: Account Name – WANDIN YALLOCK PRIMARY SCHOOL
BSB: 633 000 Account: 117 554 592
Please use the Parent Family Name when entering your details.
- \$22 Payment by Credit Card – (MasterCard/Visa)

Credit Card No: _____ Expiry Date: ____/____/____

Amount: _____ Name as appears on Credit Card: _____

Cardholders Signature: _____