

LAST DAY AT PRIMARY SCHOOL

Friday 18th December 2015



Dear Parents,

Year 6 students have traditionally enjoyed a celebration activity for their last day at primary school.

This year the year 6 will be venturing to Oz Ten Pin Bowling and Laser Tag in Chirnside Park. Students will have a game of ten pin bowling and laser tag and then be supplied lunch. **They do not need to bring spending money.** Students may wear appropriate free dress clothing (they will need to wear proper shoes and socks) and will need to have their school hat with them.

Parents are requested to drop their children at the Oz ten pin bowling venue by 9am. Students will then be brought back to school by 1pm in private cars. The parents who will be driving the students back are Jane Bigham, Tracy Wilkins, Pat Bigham and Pauline McIntyre and they all meet the following conditions for transporting students in a private vehicle:

- A full driver's licence
- Full vehicle registration
- Full comprehensive insurance
- Working with Children check

If you are unable to drop your child at the venue please contact the school and arrangements can be made to get your child there.

The cost of the excursion is \$28.00 and will need to be paid **by Wednesday 16th December. Payment must be made in order to attend this excursion.**

Kind regards,

Jo McCracken & Courtney Sharp



**YEAR 6 LAST DAY AT PRIMARY SCHOOL EXCURSION
Friday 18th December 2015**

The Principal
Wandin Yallock Primary School

I give permission for my child _____ Grade _____ to attend the Year 6 Last day of school excursion at Oz Ten Pin Bowling Center, 25 Fletcher Road, Chirnside Park, 3116 on Friday 18th December 2015. I will drop my child at the venue by 9am. I consent to my child being returned to school by 1pm in the private car driven by one of the following parents: Jane Bigham, Tracy Wilkins, Pat Bigham or Pauline McIntyre.

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 \$28 from my account **which is in credit.**
- Please take payment of \$28 from my **Camps, Sports, Excursion Funding** (Approved recipients only).
- I enclose \$28.
 - 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.
- \$28 Payment by Credit Card – (MasterCard/Visa)

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

Amount: _____ Name as appears on Credit Card: _____

Cardholders Signature: _____