

LEURA PUBLIC SCHOOL

Cnr Mount Hay Rd and Willow Park Ave

Leura, 2780

ph : 4784 1251 fax : 4784 3156 email : leura-p.school@det.nsw.edu.au

respect

responsibility

resilience

Tuesday 24th September 2019

Calmsley Hill City Farm - Kindergarten Excursion

Excursion Date: Thursday 24th October 2019 Note: Payments can be made online, by cash or cheque For payments online enter: Payment description: Calmsley Hill Payment amount: \$25.00 Last date for payment: Tuesday 15th October 2019 Please note no late payments will be accepted.

Dear Parents,

On **Thursday 24th October 2019**, we have planned an excursion for Kindergarten to go to Calmsley Hill City Farm. This excursion will be in relation to our science unit called "Living Things".

We will be travelling by coach that is fitted with seat belts. We would like the children to be at school by **<u>8.15am</u>**. The bus will be leaving at **<u>8.30am</u>** sharp and will not be able to wait for anyone who is late. <u>Please note</u>: We will not be returning to school until approximately <u>**3.30pm**</u>. Arrangements will need to be made for children who normally catch the bus home.

The children will need to wear sports uniform to facilitate their engagement with farm activities, including their school hats. Please send food for their recess and lunch in a backpack and include a couple of drinks. Do not send any glass bottles.

The cost for this excursion is being subsidised with half being paid by the school. The total cost to families, which includes entrance fee and bus travel, is **\$25.00**. Please complete the permission slip below and return with money by **Tuesday 15th October 2019**.

Yours faithfully,

Justine Jinks **Elise Berwick** Excursion Coordinator Principal **CALMSLEY HILL CITY FARM PERMISSION SLIP** I give permission for my child _____ __ of class _____ to attend the Calmsley Hill City Farm excursion to be held on Thursday 24th October 2019. I understand travel will be by bus. □ I have enclosed \$25.00 to cover costs for my child for the day **OR** □ I have paid online and my receipt# is _____ □ The medical information held at school is current **OR** □ I have attached updated medical information My contact number for the day will be: _____ Parent Name: _____ Date: Parent Signature: