



**LEURA PUBLIC SCHOOL**  
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*respect*

*responsibility*

*resilience*

Wednesday, 23<sup>rd</sup> October 2019

## STAGE 1 EXCURSION – SCHOOLHOUSE MUSEUM

**Excursion Date: Thursday, 14<sup>th</sup> November 2019**

Note: Payments can be made online, by cash or cheque.  
For payments online enter: **Payment description:** Schoolhouse Museum  
**Payment amount:** \$25.00  
**Last date for payment: Friday, 8<sup>th</sup> November 2019**  
**Please note: no late payments will be accepted.**

Dear Parents/Carers,

As part of this semester's History activities, Stage 1 will be going on an excursion to the Schoolhouse Museum at North Ryde. We will be travelling by coaches which are fitted with seat belts. Students need to **be at school by 8:00 am sharp**. The coaches will be leaving at 8:15 am and due to the scheduling of the day, we are unable to wait for anyone who is late. Please note that we will not be arriving back at school until approximately 3:30 pm. Arrangements will have to be made for students who normally catch the bus home. Students need to wear full school uniform, including their school hat. Please send food for recess and lunch in a backpack and include water (no glass bottles).

The cost for the excursion has been subsidised, with half being paid by the school. The cost for each student is \$25.00, which includes bus travel and entrance fee. Please complete and return the permission slip below, with payment, **by Friday, 8<sup>th</sup> November 2019**.

Kevin Bartie  
Excursion Coordinator

Elise Berwick  
Principal

### STAGE 1 SCHOOLHOUSE MUSEUM EXCURSION PERMISSION SLIP

I give permission for my child \_\_\_\_\_ of class \_\_\_\_\_  
to attend the Stage 1 excursion to the Schoolhouse Museum at North Ryde on **Thursday, 14<sup>th</sup> November 2019**.

I understand travel to and from the venue will be by coaches fitted with seat belts.

(Please tick):

I have enclosed \$25.00 excursion cost **OR**  
 I have paid online and my receipt number 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/Carer name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Carer signature: \_\_\_\_\_