



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 21st May 2024

UNCLE ED ART WORKSHOP
Walking Excursion to Leura Greystanes Disability Services
Event Date: Thursday 30th May 2024
Permission Note Due: Tuesday 28th May 2024

Dear Parents/Caregivers,

This note is to provide you with information regarding the **Uncle Ed Art Workshop – Walking Excursion to Leura Greystanes Disability Services**. Please keep this page as it contains important information.

Date:	Thursday 30 th May 2024
Educational rationale:	Local Aboriginal elder Uncle Ed will be working with Greystanes Disability Services for an art workshop in the community.
Excursion to:	Greystanes Disability Services, Grose Street Leura
Students attending:	Students of Aboriginal background
Departure Time:	10:30am
Return Time:	2:30pm
Organising teachers:	Mrs May Ptolemy
Staff in attendance:	Mrs Daniele Aldred
Dress:	School uniform
Transport:	Walking from Leura Public School to Leura Greystanes Disability Service. Students will walk back to Leura Public School in time for end of school day.
Cost per student:	There is no cost to families for this excursion.
Specific Requirements:	Please ensure your child has a school hat and sensible walking shoes.
Due date for permission note:	Permission note must be returned to Leura Public School office by Tuesday 28th May 2024

Kind regards,

Mrs Daniele Aldred
Excursion Teacher

Mrs May Ptolemy
Principal



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Event Date: Thursday 30th May 2024

Permission Note Due: Tuesday 28th May 2024

I give permission for my child to participate in the **Uncle Ed Art Workshop – Walking Excursion to Leura Greystanes Disability Services on Thursday 30th May 2024.**

I understand my child will be walking under the supervision of a teacher, from Leura Public School to Greystanes Disability Services in Grose Street, Leura.

Medical

Information held at school is current for my child

OR

I have listed below changes to medical information and any allergies or conditions that may affect my child on the day.

Student Name: _____ **Class:** _____

Parent/Carer Name: _____ **Date:** _____

Parent/Carer Signature: _____

Parent/Carer Contact Phone no. on the day: _____