

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

Monday 28th November 2022

Leura Mall Walking Excursion – Class Teckentrup & Class Allen
Posting a letter to Santa or Parent/Carer
Event Date: Wednesday 7th December 2022
Permission note due: Monday 5th December 2022

Dear Parents/Caregivers,

This note is to provide you with information regarding posting a letter to Santa or Parent/Carer walking excursion to Leura Mall. <u>Please keep this page as it contains important information</u>.

Date:	Wednesday 7 th December 2022
Educational rationale:	This excursion integrates the learning from our unit on writing letters.
Excursion to:	Leura Post Office, Leura Mall
Classes attending:	Class Teckentrup and Class Allen
Departure Time:	9:30am
Return Time:	10:30am
Organising teachers:	Mrs Daniele Aldred
Staff in attendance:	Mrs Jacqui Thompson and Mrs Daniele Aldred
Dress:	Full school uniform, including school hat, and sensible walking shoes.
Transport:	Walking from Leura Public School to Leura Post Office in Leura Mall and back again.
Cost per student:	There is NO cost for this excursion.
Specific Requirements:	Please ensure your child has: School hat and sensible walking shoes.
Due date for permission note:	Permission note must be returned to class teacher by Monday 5 th December 2022

Kind regards,

Mrs Daniele Aldred
Excursion Coordinator

Mrs May Ptolemy Principal



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Return permission note to your class teacher by Monday 5th December 2022 Students will not be permitted to attend this excursion without a signed permission note

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I give permission for my child to participate in the L to Santa or Parent/Carer on Wednesday 7 th December	
lacksquare I understand my child will be walking from Leura Pu and back again.	ublic School to Leura Post Office in Leura Mall
Medical ☐ Information held at school is current for my child OR	
☐ I have listed below changes to medical information my child on the day.	and any allergies or conditions that may affect
Student Name:	Class:
Parent/Carer Name:	Date:
Parent/Carer Signature:	
Parent/Carer Contact Phone no. on the day:	