



**SOVEREIGN HILL 5/6A, 5/6B, M3A &4/5A
(Grade 5 & 6 students only)**

<i>Date of Excursion:</i>	<i>Wednesday 10th October, 2018</i>
<i>Educational Purpose of the Program:</i>	<i>To visit Sovereign Hill Outdoor Museum and experience activities that are focused on a pivotal time in Victoria's history. The museum is an outdoor classroom and all activities are engaging and relevant to the unit under study during Term 3&4.</i>
<i>Transport Method:</i>	<i>Bus</i>
<i>Teachers Responsible:</i>	<i>Ann Burns, Caitlin McCormack, Jessica Angelico, and Deirdre Finnegan</i>
<i>Cost:</i>	<i>\$66.50</i>
<i>Departure Detail:</i>	<i>7.15am</i>
<i>Return Details</i>	<i>6pm approximately (depending on return traffic)</i>
<i>Things to bring:</i>	<i>Playlunch, lunch, hat, afternoon snack, coat if weather inclement, drink bottle (no glass), sunscreen, \$5-\$10 spending money (optional)</i>
<i>What to wear:</i>	<i>School Uniform</i>

Please complete the details on the attached slip, sign and return to school no later than Wednesday 19th September 2018

Title of Excursion: Sovereign Hill Excursion Copy

Date of Excursion: Wednesday 10th October, 2018

Dear Parent/Guardian,

Please complete the details on this slip, sign and return to school no later than **Wednesday 19th September, 2018**

Name of Student: _____ Grade: _____

Medical Condition/s/Allergies _____

Family Home Telephone: _____ Family Mobile Telephone: _____

Contact Number during this Excursion: _____

Business Hours: _____ Mobile: _____

Doctor Name: _____ Phone Number: _____

Medicare Number: _____

I consent to my child taking part in this excursion and where the teacher in charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher in charge to:

- Consent to my child receiving such medical or surgical attention as may be deemed necessary by medical practitioner,
- Administer such first-aid as the teacher in charge may judge to be reasonably necessary

Parents Name: _____

Signature of Parent/Guardian: _____ Date: ___ / ___ /20....

The Department of Education requires this consent to be signed for all students attending school excursions.



Title of Excursion: Sovereign Hill Office Copy

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CASH CHEQUE CREDIT CARD BPAY CSEF

Amount Enclosed \$ CNV

Please debit my Visacard / Mastercard

Number

With the sum of \$

Name (as shown on card) (BLOCK LETTERS)

Signature Expiry Date/.....

Credit Card if only available for amounts over \$10.00

