



Prep to 2 - Coal Creek Excursion

Dates of Excursion: Thursday 16th August 2018

Educational Purpose of the Program: Our grades Prep – Two will be travelling to Coal Creek to immerse themselves in what life was like in the olden days. We will be attending the Coal Creek Discovery Program; where we will participate in a school lesson, visit the general store and compare and contrast the past.

Destination/Venue: Coal Creek Discovery Park, Silkstone Road, Korrumburra.

Transport Method: Ventura Bus Lines

Teachers Responsible: Danielle Goldsmith, Jeremy Bodley, Carol Chainey, Anne Morgan, Brigitta McGarrigle, Ivey Panicker, Sam Riseley

Cost: \$25.00

Departure Detail: Bus departs- 9.10am sharp

Return Details: Arrives – 3.00pm

Things to bring:

Labelled Lunch and Snack.

Labelled drink. Drink bottle or disposable drink bottle.

Please complete the details on the attached slip, sign and return to school no later than Tuesday 14th of August, 2018

Prep to 2 - Coal Creek Excursion

Thursday 16th August 2018 – Excursion Copy

Dear Parent/Guardian,

Please complete the details on this slip, sign and return to school no later than the

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.



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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