



Year 3-4 SCIENCEWORKS MUSEUM Excursion

Date: 13th August 2018

This excursion features a presentation in the Planetarium to support our Science Investigations unit about day and night and the Seasons.

Dear Parents/Guardians,

School excursions enhance students' learning by providing the opportunities for students to participate in curriculum-related activities outside the normal school routine. School excursions are well-planned curriculum-related activities.

For your child to participate in the excursion you must complete the attached consent form and return it, along with any money to cover the cost of the excursion, to the school by the due date.

The programs the students will be attending for this excursion are:

Tilt – Understanding the Seasons - In this 45-minute Planetarium show students explore how the four seasons are caused by the tilt of the Earth's axis combined with the Earth's orbit around the Sun and how the seasons and length of day vary across the Earth, from the poles to the equator.

Supervised General Viewing – Students will have the opportunity to explore the various SCIENCEWORKS exhibits.

Details are as follows:

Teacher in charge: Mr Brent Reichenbach

Classes involved: Yr 3-4

Date for the excursion: Monday 13th of August

Cost: \$16:00

Time leaving the school: 9:00am

To be paid by: 9am Wednesday 8th August

Time returning to the school: 3:10pm

Means of transport: Bus

Lunch & other materials/equipment required:

Students need to be in full school uniform and bring their lunch, drink and snack in a small bag.

Mr Brent Reichenbach (Contact/Coordinating Teacher: 9742 6659)

David Quinn (Principal)

Please return the consent form and any money by: 9:00am on Wednesday 8th August.

Year 3-4 SCIENCEWORKS Excursion

Date: 13th August 2018

Student Consent Form

FIRST NAME: _____ **SURNAME:** _____

CLASS: _____

I give permission for my child to participate in the **SCIENCEWORKS** excursion on **Monday 13 August, 2018**

I wish to pay in the following manner:

- I enclose \$ _____ Cash/Cheque
- BPAY (Please contact office for Biller Code and Reference No.) BPAY Receipt No: _____
- CSEF (Camps, Sport & Excursion Fund) If applicable
- Credit Card / Debit Card at front office
- Direct Deposit to: Account Name: Werribee Primary School Council
 BSB: 063 541
 Account Name: 10393050
 Bank: Commonwealth Bank of Australia

Please include student name in reference field when making payment

I authorise the teacher in charge of the excursion to consent, where it is impracticable to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary.

Parent's/Guardian's signature **Date**

Special Provision - In compliance with DET Practices it is necessary for parents to notify schools of any **special medical circumstance** that exists in relation to school camps, excursions and sporting activities. As a consequence we request parents to indicate below any special medical circumstance that relates to a child participating in any of the above activities.

Medical Circumstance

Diabetes Epilepsy Asthma Haemophilia

Anaphylaxis

Other Please specify _____

On this day I/we can be contacted on Phone _____

NON RETURN OF THIS SIGNED, DATED FORM EXCLUDES YOUR CHILD FROM THIS EXCURSION.