



WERRIBEE PRIMARY SCHOOL NO. 649

Deutgam Street, Werribee 3030

MCG and National Sports Museum

Date: 23rd May 2019

As part of the Investigations topic addressing Health and Fitness, the Year 2 students will experience a tour of the MCG and National Sports Museum to investigate the important role of Sport and Recreation in Australia's culture and national identity.

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 consent form reply slip below and return it, along with any money to cover the cost of the excursion, to the school by the due date listed below.

Details are as follows:

Teacher in charge: Brent Reichenbach

Classes involved: Year 2

Date for the excursion: 23rd May 2019

Cost: \$22 To be paid by: Thursday 16th May 2019

Time leaving the school: 9:00 am

Venue: Melbourne Cricket Ground

Time returning to the school: 3:00 pm

Means of transport: Bus

Lunch & other materials/equipment required: Snack, Lunch, Water bottle

Brent Reichenbach (Contact/Coordinating Teacher: 9742 6659)

David Quinn (Principal)

Please detach and return the consent form and any money to your teacher by: 9:00am on Thursday 16th May 2019

MCG and National Sports Museum

FIRST NAME SURNAME: CLASS

I give permission for my child to participate in the MCG/National Sports Museum excursion on **23rd of May 2019**

I wish to pay in the following manner:

- I enclose \$22 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 at Phone

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