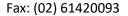


O'Loghlen St Latham ACT 2615

Phone: (02) 61420077





Excursion/Activity Information

Dear parents and carers,

The following details relate to an excursion/activity that has been organised for your child. If you have any concerns about this excursion/activity, or related cost, please contact the principal on 61420077.

Name of Excursion/Activity	Real Projects for Real People	
Location	Lyons Early Childhood School - 38 TARRALEAH CRES, Lyons	
Purpose	Preschool students have been invited to design and create a clay pinch pot as a gift for Preschool educators attending a professional learning event at the beginning of 2019.	
Classes/Year Groups Participating	Preschool Dingoes – Lauren's class Preschool Kangaroos – Evan's class	
Date	Monday 10 December	
Start Time	9:15am	
Finish Time	1:00 pm	
Transport	Bus	
Cost	\$6.50	
Due Date	Wednesday, 5 December 2018	
Teacher in Charge	Evan Gilson	
Additional Information including reason for excursion/links to Curriculum	This is a great opportunity to work with other students on a purposeful project that has a link to the wider community. Students will take their food, drink bottles and hats with them for the excursion.	

Email: info@lathamps.act.edu.au Principal: Liz Bobos Web site: www.lathamps.act.edu.au

Permission & Payment Note

Name of Excursion/Activity: R	eal Projects for Real People		
I give permission for my child		in class	
to attend the National Zoo and A	Aquarium Excursion on Monday 10	December, 2018	
I have read the attached inform	ation regarding this excursion/activ	ty and understand what it contains.	
I authorise/do not authorise the medical or surgical treatment), i	e school to make arrangements for t in an emergency.	he welfare of my child (including	
Is there any medical condition t	hat may affect your child on this exc	cursion? yes/no	
If yes please give details:			
Full Name of Parent/Carer (plea	se print):		
Contact details:			
Signature of Parent/Carer		Date	
Please be aware of the following: Stay their charge to protect them from injustraff members are not responsible for circumstances, staff have not been nego fimpulsive, wilful or disobedient behave (reminders, time out in a designated spasked to be collected or returned to so will not be reimbursed. This form requests information about so private medical or para-medical stage.	If accompanying students on excursions wing and to control and supervise their behaviory and to control and supervise their behavioring injuries or damage to property which may be gligent. Parents should warn children of the aviour. Unacceptable behaviour will be tree and exclusion from an activity) but with the hool should the behaviour be extreme or ow	risk to themselves, to others and to property, ated as it is normally treated at school, in the additional factor that the student may be verly persistent. Should this occur monies paid this information may be disclosed to government of an accident or emergency. The information is	
Please tick method of Payme	nt		
FEE CODE - CLAYPOT	GL CODE -8062-000-00	COST \$6.50	
through the school website that m		a Westpac online payment option accessed ank account. Payments can be made using above FEE CODE as your reference.	
☐ Direct Deposit Payment made	e on (date) - Pa	yment can be made by direct deposit to	
Latham Primary Management Acco	ount BSB: 032-777 Account No: 001527	. Please use the above FEE CODE and Student ent's surname and the first letter of their first	
Cash - Please secure Permission	on Note and money together. I have er	closed \$	