

## Blackwell Public School

58A Blackwell Avenue, St Clair NSW 2759 T: 02 9670 5080 F: 02 9834 4368  
blackwell-p.school@det.nsw.edu.au www.blackwellps.com.au

21<sup>st</sup> Feb 2018

Dear Parent/Caregiver,

Year 1 and S1W will be visiting Brewongle Environmental Education centre on Friday 16th March for a whole day excursion. The program 'Reptile Recon' is linked to our Science unit of work for Stage 1, "Watch it Grow". The program allows students to explore their forest, ponds, soil and birdlife to discover the whereabouts of their 'lost' lizards. Students will use equipment including binoculars, dip nets and microscopes to find reptile habitat clues and solve the mystery.

The cost per student is \$31 – this includes program cost to cover Brewongle and the bus fare.

Please ensure your child arrives at school by 8:30am to have their name marked off in their classroom. The bus will be **leaving at 8.45am** and **returning approximately at 3pm**. Recess and lunch need to be taken with the students as there is nowhere to purchase lunch at the venue.

Financial assistance is available for families. Please contact the office if this is required. Please note that in case of absence, the bus fare is not refundable.

Please return the signed permission note, with payment by **Tuesday 13<sup>th</sup> March**, to the school office. **Please note late payments will not be accepted.**

Mrs Witchard and Mr Farag



Cut here and return this portion

PLEASE RETURN PERMISSION SLIP TO SCHOOL OFFICE BY **TUESDAY 13<sup>TH</sup> MARCH**, WITH PAYMENT OF \$31

I give permission for my child .....of class ..... to attend the excursion to Brewongle Environmental Centre on Friday 16<sup>th</sup> March. Enclosed is payment of \$31.

Special needs of my child which you should be aware (eg. Allergies, medication)

.....  
.....

To the best of my knowledge he/she has no medical condition, disability or injury which puts him/her at risk in participating in the excursion.

I understand that travel will be by bus and that this excursion has the permission of the Principal. I understand that in case of absence, the bus fare is not refundable.

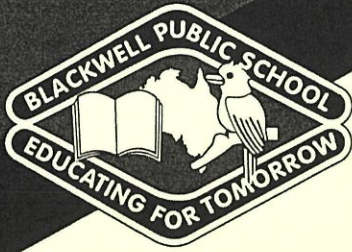
In the event of illness or injury, I authorise the seeking of such medical assistance on my behalf that my child may require.

Medicare No: .....

Contact No: Work: ..... Home: .....

Signature:..... Date: .....





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21<sup>st</sup> Feb 2018

Dear Parent/Caregiver,

Year 2 will be visiting Brewongle Environmental Education centre on Tuesday, 20th March 2018 for a whole day excursion. The program 'Reptile Recon' is linked to our Science unit of work for Stage 1, "Watch it Grow". The program allows students to explore their forest, ponds, soil and birdlife to discover the whereabouts of their 'lost' lizards. Students will use equipment including binoculars, dip nets and microscopes to find reptile habitat clues and solve the mystery.

The cost per student is \$31 – this includes program cost to cover Brewongle and the bus fare.

Please ensure your child arrives at school by 8:30am to have their name marked off in their classroom. The bus will be **leaving at 8.45am** and **returning approximately at 3pm**. Recess and lunch need to be taken with the students as there is nowhere to purchase lunch at the venue.

Financial assistance is available for families. Please contact the office if this is required. Please note that in case of absence, the bus fare is not refundable.

Please return the signed permission note, with payment by **Tuesday 13<sup>th</sup> March**, to the school office. **Please note late payments will not be accepted.**

Mrs Witchard and Mr Farag



Cut here and return this portion

PLEASE RETURN PERMISSION SLIP TO SCHOOL OFFICE BY **Tuesday 13<sup>th</sup> March**, WITH PAYMENT OF \$31

I give permission for my child .....of class ..... to attend the excursion to Brewongle Environmental Centre on Tuesday 20<sup>th</sup> March. Enclosed is payment of \$31.

Special needs of my child which you should be aware (eg. Allergies, medication)

.....  
.....

To the best of my knowledge he/she has no medical condition, disability or injury which puts him/her at risk in participating in the excursion.

I understand that travel will be by bus and that this excursion has the permission of the Principal. I understand that in case of absence, the bus fare is not refundable.

In the event of illness or injury, I authorise the seeking of such medical assistance on my behalf that my child may require.

Medicare No: .....

Contact No: Work: ..... Home: .....

Signature:..... Date: .....