



Blackwell Public School

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6th June 2018

Dear Parent/Caregiver,

Year 1 will be visiting Rouse Hill Farm on **Wednesday 22nd August** for a whole day excursion. The programs 'Lessons from the Past and Early to Rise' are linked to our HSIE unit of work for Stage 1. The program allows students to make vivid comparisons between how children lived and learnt then and now. Students are to be dressed in full school uniform on the day with hats. Students will be provided with costumes on the day and many hands on learning experiences.

The cost per student is \$42.00 – this includes entry to Rouse Hill Farm and the bus fare.

Please ensure your child arrives at school by 8:50am to have their name marked off in their classroom. The bus will be leaving at 9:05am and returning by 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 **Monday 6th August 2018**, to the school office. Please note late payments will not be accepted as we have to let Rouse Hill know expected numbers two weeks prior to our excursion.

Mrs Toledano and Mrs Witchard



Cut here and return this portion

PLEASE RETURN PERMISSION SLIP TO SCHOOL OFFICE BY **Monday 6th August**, WITH PAYMENT OF \$42.00

I give permission for my childof class to attend the excursion to Rouse Hill Farm on Wednesday 22nd August. Enclosed is payment of \$.....

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: