



# WERRIBEE PRIMARY SCHOOL NO. 649

Deutgam Street, Werribee 3030

## Adventure Park 2018

Date: 15th November, 2018

The biggest event on the calendar not to be missed!

Dear Parents,

The students in Years 5/6 are invited to participate in our end-of-year excursion to Adventure Park at Wallington, Geelong. There are 20 attractions with unlimited rides and the choice is simply...*YOURS*. Ride the waves, paddle a canoe, flex your muscles at archery or just simply relax with your friends.

**Details are as follows:**

**Teacher in charge:** Adrian Bate

**Classes involved:** Years 5 & 6

**Date for the excursion:** Friday 14th December 2018

**Cost:** \$34

**To be paid by:** Friday 7<sup>th</sup> December 2018

**Time leaving the school:** 9:00am

**Venue:** Adventure Park, Wallington

**Time returning to the school:** 3:00pm

**Means of transport:** Bus

**Lunch & other materials/equipment required:** Packed lunch, drink, towel, bathers, change of clothes, hat, sun block, coat (depending on weather) and a plastic bag to put your wet clothes in. \$10.00 maximum if you want to purchase something from the kiosk.

**Adrian Bate (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 Friday 7<sup>th</sup> December 2018.***

## Adventure Park 2018

**FIRST NAME** ..... **SURNAME:** ..... **CLASS** .....

I give permission for my child to participate in the Adventure Park 2018 excursion on **Friday 14th December 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 at ..... Phone .....

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