



# WERRIBEE PRIMARY SCHOOL NO. 649

Deutgam Street, Werribee 3030

## Foundation End of Year Pyjama Party – Wednesday 12<sup>th</sup> December 2018

The Foundation students have worked hard and to celebrate a wonderful year together, we are excited to have a pyjama party with them. Your child is not required to bring food from home on this day. Snacks will consist of fruit, assorted biscuits and crackers. We will enjoy a hot chips lunch, with each child getting a potato cake, dim sim, some chips and a prima drink box. Students will have an icy pole during the day after activities outside and some popcorn and sweet treats during the movie.

If you have any dietary requirements, please see your child's teacher and we will modify their food package for the day.

Dear Parents/Guardians,

For your child to participate in this day you must complete the consent form reply slip below and return it, along with any money to cover the cost of the incursion, to the school by the due date listed below.

### Details are as follows:

**Teacher in charge:** Emma Casboul

**Classes involved:** Foundation A, B, C & E

**Date for the excursion:** Wednesday 12<sup>th</sup> December

**Cost:** \$ 5.00

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

**Venue:** Werribee Primary School

**Other materials required:** Lunch and snack will be provided. Students are to bring a water bottle and hat.

Students are encouraged to wear pyjamas and appropriate footwear for the day.

*Emma Casboul (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*



## Foundation End of Year Pyjama Party

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

I give permission for my child to participate in the **End of Year Pyjama Party** on **Wednesday 12<sup>th</sup> 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 incursion 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.**