Dear Parents/Care Providers

20 February 2012

STAGE 2 EXCURSION TO COUNCIL WASTE MANAGEMENT FACILITY

On Friday 2nd March, 2012, the children in years three and four will be attending an excursion to the Great Lakes Council Waste Management Facility. This excursion has been organised to consolidate the work being studied in our classrooms in relation to the Council and the community services it provides. The children will have an opportunity to see how the recycling centre operates as well as visiting the Education centre, the landfill site and the recycling shop. Representatives from the council will be making school visits prior to the excursion to familiarise the children with the operations and services conducted by the council.

Students will be travelling to and from the venue by bus at a cost of $3.00. Year 3 children will leave the school at 9.30a.m and Year 4 children will leave at 11.30 a.m. Children will not require any food for the excursion but it is suggested that a water bottle would be valuable. Full school uniform, including a school hat is required to be worn.

Parents are welcome to attend this educational activity. If you are available to assist with supervision, could you please let your child's teacher know when returning the permission note.

Janet Northey
Excursion Organiser

Tim Putland
Principal

Permission - Stage 2 excursion to Great Lakes Council Waste Management Facility

I do / do not consent to ......................................................... of class .............. attending the excursion to Great Lakes Council Waste Management Facility on Friday 2nd March 2012. I understand that travel is by bus at a cost of $3.00 enclosed, and that students are required to wear full school uniform. I understand that the excursion has the approval of the Principal.

My son / daughter has the following special needs (please provide full details and include any relevant medical details below).

________________________________________________________________________

I give / do not give permission for my child to receive medical treatment in case of emergency.

☐ I am able to provide assistance.

Parent/Care provider signature ............................................ Date .................

“Where caring is nurtured and achievement cherished”