



# IRAMOO PRIMARY SCHOOL No. 5152

Thursday, August 30, 2018

## GRADE 5CC & 5LM EXCURSION WERRIBEE MANSION WEDNESDAY, OCTOBER 17, 2018

Dear Parent/Guardian,

Next term the Grade 5 children will be learning about *'Australian History and Colonisation'* as part of our Integrated Studies unit. We have organised a valuable and educational excursion to the Werribee Mansion. Due to the large number of students in Grade 5, the students will attend on two separate days.

**5CC and 5LM** will attend on **Wednesday, October 17** and  
**5CJ and 5DM** will attend on **Thursday, October 18.**

Buses will depart Iramoo Primary School at approximately **10.00 a.m.** and will return at approximately **2.30 p.m.** Please ensure that your child is on time and wearing correct school uniform.

At the Werribee Mansion, students will participate in various activities to explore what life was like in the 19<sup>th</sup> century, including a guided tour and a workshop.

Please ensure that your child brings a healthy snack and lunch, with no more than one 'sometimes food'. Ensure that food and drinks are in disposable containers (no glass) with your child's name clearly labelled on all items.



**The cost of this excursion is \$23.**

Current health care/concession cardholders are eligible for the government **Camps, Sports & Excursions Fund (CSEF), \$125 per child per year** and you may choose to direct some of the CSEF towards payment for this excursion. Please ensure that our office has a copy of your current health care card/concession card.

Please complete the form below and return to school with full payment (or CSEF deduction request) by **3 p.m. Wednesday, October 10, 2018.**

**JODIE CARTWRIGHT, CAITLIN CLANCY, MARK DOWNIE & LIESEL MCGREGOR  
GRADE 5 TEACHERS**

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To be returned to school with payment by 3 p.m. Wednesday, October 10, 2018




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## GRADE 5CC & 5LM EXCURSION WERRIBEE MANSION WEDNESDAY, OCTOBER 17, 2018

**NAME:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

I give permission for my child to attend the above excursion and enclose full payment of **\$23.**

Please deduct the **\$23** full payment from my **2018 Camps, Sports & Excursions Fund (CSEF) – current Health Care card holders only.** (Please ensure that the school has a copy of your current card.)

On the day of the excursion I (or my nominee) can be contacted on phone number:  \_\_\_\_\_

Please tick if your child suffers any of the following:

- |  |   |                                       |                                 |
|--|---|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Bee Sting allergy | <input type="checkbox"/> Fits of any type | <input type="checkbox"/> Dizzy Spells | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Migraine          | <input type="checkbox"/> Travel Sickness  | <input type="checkbox"/> Other _____  |                                 |

Where it is impracticable to communicate with me, I authorise the teacher/s in charge of the excursion to consent to my child receiving such medical or surgical treatment as may be deemed necessary.

\* **Indicate any medication to be taken, include time and dosage** \_\_\_\_\_

**PARENT/GUARDIAN'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_