



Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities. Parents should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property of impulsive, wilful or disobedient behaviour.

2nd May 2017

Dear Parents/Carers,

As part of our Health Inquiry unit beginning in Weeks 5 and 6 of Term 2 (23rd May-30th May) we have the **Life Education** van visiting our school to do some engaging activities with our students. The programs delivered address many of the components of the Australian Curriculum (Health). Teachers have pre-selected the focus for each year level:

- Preschool/Kindergarten:** Harold's Friendship
- Year 1/2:** Safety Rules
- Year 3/4:** All systems go
- Year 5/6:** Decisions

The cost of the Life Education visit is \$10.00 however, this was included in the bulk payment plan given out at the beginning of the year (please indicate that you have paid in the next section). **Permission forms must be returned by all students.** Please also include payment if you have not already 'bulk' paid for excursions in 2017.

Thanks,
Corinne Follett (Junior Executive Teacher)

Permission Note

I give permission for my child
in classto attend the LIFE EDUCATION "HAROLDS" on 23rd to 30th May.

Does your child have any medical condition that may affect him/her on this excursion?
.....

I have read the attached information regarding this Incursion and understand what it contains.

- Please find enclosed \$10.00 to cover the cost of the excursion.
- I have paid the Incursion full year payment

FULL NAME OF PARENT / GUARDIAN
..... (Please print)

SIGNATURE OF PARENT/GUARDIAN
.....

Payment: Cash Credit Card Direct Debit

Credit Card: Name _____ Class _____

Please debit my credit card account No.

_____/_____/_____/_____ Expiry Date: ____/____/____

For the amount of _____ payable to Theodore Primary School

Name on Card: _____ Signature: _____

Direct Debit: School EFT Details: BSB -032777 Account No: 001834

Please include your surname & Life Education in the reference field

