Scienceworks Excursion – 23/06/2016

Dear Parents & Carers,

In our Inquiry Unit, we have been exploring the topic of ‘Stimulating Science’. Some of the topics we have been learning about are living and non-living things, weather and space. To further explore this topic we have organised an excursion to Scienceworks, located near Melbourne.

Students will participate in the Lightening Room, the Planetarium and have the opportunity to explore general viewing areas. These activities have been chosen to build upon our learning at school.

Excursion Information:

- **DATE:** 23/06/2016
- **WHERE:** Scienceworks
- **TIMES:** Our bus will be leaving at **9am** and will return at **3pm** approx. Please ensure children are at school by 8.50 so we may leave on time.
- **WHO WILL BE GOING:** All grade two students, staff and extra support staff.
- **WHAT TO WEAR:** School uniform, including a jumper. No hats are required.
- **WHAT TO BRING:** Snack, lunch and a water bottle. *All in named disposable plastic bags please!*
- **COST:** The cost for this excursion is **$21.30** and this will cover all costs for the bus, entry into Scienceworks and for the comprehensive education program including the Planetarium, the Lightening Room and general viewing areas. Families eligible for CSEF can claim the excursion on CSEF (please circle payment type on permission form).

If you have any questions or concerns, please contact your child’s teacher via a diary entry. We are looking forward to our excursion!

😊Please keep this section at home as a reminder!
Hamlyn Banks Primary School Scienceworks Excursion on 23/06/2016

PERMISSION FORM

I hereby give permission for my child, ………………………………………………………………………………………………………... to participate in the Scienceworks Excursion.

Special Provisions:

In compliance with Department practice, it is necessary for parents to notify schools of any special medical circumstances that exist 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 your child participating in any of the above activities.

Emergency Telephone Contacts:

1. .............................................................................................................................................. 2. ..............................................................................................................................................

Medical Circumstances: (Please circle where applicable)

A. Diabetes Yes/No  B. Epilepsy Yes/No
C. Asthma Yes/No  D. Haemophilia Yes/No
E. Other (Please list)……………………………………………………………………………………………………………………………………

Medication Provided (with instructions): ………………………………………………………………………………………………………………………………………

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

Signed: .................................................(Parent/Carer)

Please circle:

I enclose $21.30 OR Please charge to CSEF

Signed: ..................................................(Parent/Carer)