



**YEAR 1 ROOMS A2 & B3**  
**Wednesday 16<sup>th</sup> May 2018**

Our class excursion is planned for:

**A2 & B3**                      **Wednesday 16<sup>th</sup> May.** We will be transported by bus to the Kalamunda History Village. The bus will depart school at 9.00 and return to school by 2.15 pm.  
Supervision of the children will be by, Mrs Tweedie, Mr Dufall & parent helpers.

The total cost of the excursion is **\$17.00** per student.

Each child should bring **recess and lunch, packed in separate bags**. A detailed note will be sent home closer to excursion date regarding this.

Money must be **paid to the office by Friday 13<sup>th</sup> April**. Our preferred method of payment would be via the **Qkr App**. Cheques should be made payable to Winthrop Primary School. **Please note that we are no longer offering upfront payments for excursions. If you are sure that you have a credit balance please tick current account balance. If you are unsure of credit balance, please contact Chriss or Angela on 08 9310 6100.**

Excursions are organised as an integral part of the school's programs throughout the year. It is therefore desirable that all students participate in them. The purpose of the excursion is related directly to our History curriculum. Activities the children will be engaged in on the excursion include olden day's school, housing and laundry. If you wish to be a helper on the day please advise your child's classroom teacher, however there will be a \$3.00 entry fee per parent which will need to be paid to Winthrop Primary School before the excursion as Kalamunda History Village no longer accept payments. You will be required to drive to the Kalamunda History Village as there are limited spaces on the bus. Please complete the "Parent/Guardian Consent" form below and return to the **front office by Friday 13<sup>th</sup> April**.

**School Refund Policy Excursion/School Based Activity** - School extra cost optional activities e.g. Excursions/School Based Activity and camps are undertaken by the school on a self supporting cost basis. If you have paid for an activity and your child is unable to attend, please notify the school as soon as possible. If the school has incurred a cost/s for an activity on behalf of a student this will be deducted from any refund.

Kind regards

Mrs Tweedie & Mr Dufall



(Please Return to School Front Office)

# Winthrop Primary School

## PARENT/GUARDIAN CONSENT – KALAMUNDA HISTORY VILLAGE

Year Level ..... Room No. ....

I have read and understand the information regarding the Kalamunda History Village on **Wednesday 16<sup>th</sup> May 2018** and give my consent for my son/daughter .....to attend.

(FULL NAME)

I am aware that any costs incurred as a result of accident or illness are my responsibility and that school staff are not responsible for any loss or damage to my child's personal property that may occur during the course of the excursion.

I agree to inform the organisers before the scheduled excursion departure of any change to my child's health and fitness so that appropriate supervision may be arranged. I acknowledge that, should it be considered necessary, school staff will arrange to present my child for medical assessment.

Signed.....Parent/Guardian Date.....

Parent Contact Phone..... Parent Mobile Phone.....

Emergency Contact Number (other than parent) (1).....(2).....

Please note that we are no longer offering upfront payments. If you would like a current balance, please contact Chriss or Angela on 08 9310 6100 for your current balance.



(Please Return to School Front Office)

# Winthrop Primary School

## Payment Slip

Student's Name: \_\_\_\_\_ Yr Level \_\_\_\_\_ Rm No. \_\_\_\_\_

Amount Payable

\$17.00

**KALAMUNDA HISTORY VILLAGE**

(FULL NAME)

- Qkr App.
- Cash** - Correct money only, no change given or responsibility accepted for lost cash or discrepancies.
- Cheque** - made out to Winthrop Primary School, student's name & phone number on reverse.
- My current account balance is sufficient to cover this excursion.**
- Credit Card** Type Of Card:  Visa  Bankcard  Mastercard

N.B. We do not accept Diners, American Express or Overseas Bank Cards

Expiry Date /

CCV

Card Holders Name \_\_\_\_\_ Signature \_\_\_\_\_

☎ \_\_\_\_\_ REFERENCE NO: Office use only. \_\_\_\_\_