

## WEST OZ WILDLIFE

**TUESDAY 6<sup>TH</sup> November – Kindy - Blue (11:00 - 11:50am), Green (11:50 - 12:40pm)**  
**FRIDAY 9<sup>TH</sup> November – Kindy - Red (9:20 - 10:10am), Yellow (10:10 - 11:00am)**

Dear Parents

Our class incursion is planned for **Tuesday 6<sup>th</sup> November and Friday 9<sup>th</sup> November 2018**

The total cost of the excursion is **\$13.00** per student. Money must be **paid to the office by Friday 26<sup>th</sup> October 2018**. Our preferred method of payment would be via the **Qkr App**. Cheques should be made payable to Winthrop Primary School.

Incursions 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 incursion is related directly to Australian Animals. Two Wildlife Keepers from West Oz Wildlife will give the children an opportunity to observe, touch and learn about a range of different Australian animals

Please complete the "Parent/Guardian Consent" form attached and return to the front office by **Friday 26<sup>th</sup> October 2018**.

**School Refund Policy Excursion/School Based Activity** - School extra cost optional activities eg. Excursions/School Based Activity, 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  
Ms Dunlop and Mrs Freind





# Winthrop Primary School

## PARENT/GUARDIAN CONSENT – WEST OZ WILDLIFE - KINDY

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

I have read and understand the information regarding West Oz Wildlife on Tuesday 6<sup>th</sup> and Friday 9<sup>th</sup> November 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 Return to School Front Office)



# Winthrop Primary School

## Payment Slip

Student's Name: \_\_\_\_\_ Yr Level \_\_\_\_\_ Rm No. \_\_\_\_\_  
(FULL NAME)

Amount Payable

**West Oz Wildlife - Kindy**

**\$13.00**

**Qkr App** – Reference number; \_\_\_\_\_

**Cash** - Correct money only, no change given or responsibility accepted for lost cash or discrepancies.

**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. \_\_\_\_\_