

WILLAGEE LIBRARY

Thursday 23rd August – Room A1 A2 & B3

Dear Parents

The following classes have an excursion planned for **Thursday 23rd August 2018**.

We will be transported by bus to the Willagee Library. The bus will depart school at 1:15pm and back to school at 2:45pm. Supervision of the children will be by classroom teachers.

The total cost of the excursion is **\$6.00**. Money must be paid to the office by **Wednesday 15th August 2018**. Our preferred method of payment would be via the **Qkr App**.

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 Literacy. This excursion will give the children an opportunity to respond to literature and to interact directly with the author.

Please complete the "Parent/Guardian Consent" form attached and return to the front office by **Wednesday 15th August 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
Class Teachers





Winthrop Primary School

PARENT/GUARDIAN CONSENT – WILLAGEE LIBRARY

ROOMS A1 A2 & B3

Year Level Room No.

I have read and understand the information regarding Willagee Library on Thursday 23rd August 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

Willagee Library – Rooms A1 A2 & B3

\$6.00

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

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Expiry Date ___/___

CCV

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Card Holders Name _____ Signature _____



REFERENCE NO: Office use only. _____