GRADE 4 SCIENCEWORKS EXCURSION 2014

Dear Parent/Guardian.

Next term, the year four’s will be learning about ‘Forces and Design Technology’. As a means of tuning the students into the topic, we will be visiting Scienceworks in Spotswood. During their visit, the children will be given the opportunity to discover how rockets work and find out about the forces involved in getting rockets into space. The children will also learn how toys are used to develop imagination and physical skills and the program will provide valuable insights into a variety of science concepts.

DATE
Wednesday 22nd October, 2014

TRAVEL ARRANGEMENTS
We will be travelling to Scienceworks by bus.
Departure: From St Peter’s Primary School at 9am sharp
Return: 3pm for a regular 3:15pm finish

YOUR CHILD WILL NEED TO BE AT SCHOOL BY 8:30AM TO ENSURE THAT THE CLASSES ARE ORGANISED AND READY TO LEAVE AT 9AM.

WHAT TO BRING
Students will need to bring their lunch packed in disposable wrapping. Please ensure your child does not bring a drink bottle but a disposable juice or milk. These items must be in a marked plastic bag as Scienceworks does not permit other bags to be taken. Scienceworks does not take responsibility for valuable items lost, therefore it is recommended that students do not bring a camera on the excursion.

WHAT TO WEAR
Students are asked to wear their sports uniform on the day.

COST
Students are asked to pay $15 for this excursion

PARENT HELPERS
We will need two parent helpers per class for this activity. Please indicate if you are available to accompany the students on the second page of this newsletter. Please be aware that you must have a current working with children certificate. If you tick yes to being a parent helper, please note that you will be required to attend a compulsory briefing at least two days prior to the excursion.

Please return the permission slip on the following page by Thursday the 11th of September.

Thank you,
The Year Four Team
PERMISSION FORM
I give permission for my child ................................................ of Grade.....to attend the Grade 4 Excursion to Scienceworks on Wednesday the 22nd of October.

Enclosed is $15 to cover the cost of this excursion.

I understand that my child will be traveling to and from Scienceworks by bus.

EMERGENCY CONTACT for the day is ........................................on ........................................

________________________________________________________

MEDICAL

Please provide details of any medical conditions including Allergies the supervising teachers need to be aware of:

........................................................................................................

........................................................................................................

Where I am unable to be contacted or it is otherwise impracticable for me to be contacted, I authorise the teacher in charge of the excursion to:

Consent to ...................................................(child’s name) receiving such medical or surgical assistance as is recommended by a medical practitioner in the event of any illness or accident. Administer or consent to such First Aid as the teacher in charge of the excursion may consider being reasonably necessary in the event of illness or accident.

I accept all risks involved in the administration of medical, surgical or First Aid treatment considered necessary and the responsibility for the payment of all expenses incurred in relation to such treatment and any emergency transportation required.

I also accept that my child may be returned home early from the excursion or activity in the event of serious misbehaviour and that any cost associated with this will be met by me.

Signature ........................................ (Parent/Guardian) Date................................................

________________________________________________________

PARENT HELPERS

Please tick the boxes if you are available to assist us on the day.

[ ] YES I am available to assist at this excursion. [ ] YES I have a current Working With Children check

Name: __________________

Please return this permission slip by Thursday the 11th of September. __________________