



St Patrick's Parish School, Cooma Notification of an Excursion

Dear Parents/Guardians

We would like to notify you of an excursion following responses received to the expression of interest.

Details as follows:

Title of Excursion	Mr. Stink
Purpose for the excursion	Links to cross curriculum priorities of homelessness, bullying and building resilience when overcoming obstacles in life.
Date/s of excursion	Thursday 20 July 2017
Destination	The Canberra Theatre
Supervising Teacher/s	Mrs Glenyce Moxon
Time and place of departure	9.30am from the Primary Campus
Time and place of return	4.00pm to St Patrick's Parish School
Transportation	Bus
Cost	\$35.00 (includes bus hire and ticket price)
Special requirements or equipment	Students will need to bring morning tea, a packed lunch and a drink bottle.
Dress code	Full school uniform
Contact details	Mrs Glenyce Moxon – 6452 1721

If you agree to your child attending this excursion, please complete the Consent Form return it to the School with payment **Monday 26 June 2017**. You are welcome to contact the School on 6452 1721, if you have any further queries.

Yours sincerely

Frances Robertson
Principal

Glenyce Moxon
Teacher in Charge

X

MR STINK

I _____ permit _____ of _____
(Name of Parent – printed) (Name of Student) (Class/Homeroom)

to take part in **Mr. Stink production at the Canberra Theatre on Thursday 20 July 2017.**

I understand and agree with the activities of and arrangements made for the excursion and delegate my authority to the supervising staff involved in the excursion. The staff may take necessary disciplinary action, to ensure the safety, wellbeing and successful conduct of the students as a group and individually. If a student fails to comply with regulations, arrangements and/or the spirit of the excursion, it may be necessary for him/her to return home. I understand that this expense will be my responsibility. In the event of illness or an accident that requires medical attention, I permit supervising staff to seek necessary medical attention on behalf of my child and I agree to be responsible for any costs incurred through such action. This may include the use of an ambulance. I further authorise qualified practitioners to administer anaesthetic, if such an eventuality necessitates it.

Contact Numbers: Home: _____ Work: _____ Mobile: _____

PAYMENT DETAILS

I enclose cash/cheque payable to St Patrick's Parish School Cooma for **\$ per student** OR please deduct _____ from my Visa/Mastercard Card _____ Exp Date: __ / __

Parent/Carer Signature: _____