



St Patrick's Parish School, Cooma
Notification of an Excursion
Year 5 & 6 da Vinci Decathlon DAY

Dear Parents/Guardians,

The School would like to inform you of an excursion that has been arranged for your child's participation. The details are as follows:

Title of Excursion and Area of learning	Year 5/6 da Vinci Decathlon Day Student Enrichment	
Purpose for the excursion	An enrichment opportunity to challenge and stimulate the minds of the students using 10 different academic skill based events: General Knowledge Creative Producers (Drama) English Engineering Challenge Mathematics & Chess Code Breaking Science Philosophy Art & Poetry Cartography	
Date/s of excursion	2 June, 2017	
Destination	Canberra Grammar School, Red Hill	
Supervising Teacher/s	Stephanie Lovat	
Time and place of departure	Leave Cooma by 6.30am. Students must be at Canberra Grammar at 8.15am.	
Time and place of return	Return to Cooma by approximately 4.30pm.	
Transportation	Private transport. Some parents may be needed to transport students to and from Canberra Grammar, but you do not need to stay at Canberra Grammar during the day. Please let me know if you can assist.	
Cost	No cost	
Special requirements or equipment	Students will need a packed recess and water for the whole day. Students will be provided by with a pizza lunch by the organisers.	
Dress code	Full school uniform	
Contact details	Stephanie Lovat, 6452 1721 or Stephanie.lovat@cg.catholic.edu.au	

Yours sincerely

Frances Robertson
Principal

Stephanie Lovat
Teacher in Charge

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I give permission for my child _____ to participate in the da Vinci Decathlon Day on 2nd June 2017. 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.

Signature of Parent: _____ Date: ____/____/2017

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