



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

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:

<b>Title of Excursion and Area of learning</b>	Snowy Hydro Discovery Centre to link in with our current History Unit.	
<b>Purpose for the excursion</b>	As part of our History Unit "Community and Remembrance" Year 3 will be travelling to the Snowy Hydro Visitors Centre.	
<b>Date/s of excursion</b>	Tuesday 14 August 2018	
<b>Destination</b>	Snowy Hydro Discovery Centre	
<b>Supervising Teacher/s</b>	Mike Introna	
<b>Time and place of departure</b>	St. Patrick's School Primary Campus at 11:45am	
<b>Time and place of return</b>	St. Patrick's School Primary Campus at 1:30pm	
<b>Transportation</b>	Community bus booked and supplied by Snowy Hydro	
<b>Cost</b>	<b>Free of charge</b>	
<b>Special requirements or equipment</b>	Pencil/ pen and folder (given out at school)	
<b>Dress code</b>	<b>School uniform</b>	
<b>Contact details</b>	Mike Introna	

We would love to have any parents/grandparents/carers accompany us so the students can work in small groups. You will need to have your working with children check. If you are able to help could you, please complete the form below along with your child's permission form and return it to the School by Friday 10 August 2018.

You are welcome to contact the School on 6452 1721, if you have any further queries.

**Frances Robertson  
Principal**

**Mike Introna  
Teacher in Charge**

I \_\_\_\_\_ permit \_\_\_\_\_ \_\_\_\_\_  
*(Name of Parent)* *(Name of Student)* *(Homeroom)*  
to take part in \_\_\_\_\_ on \_\_\_\_\_  
*(Title of excursion)* *(Date of excursion)*

I understand and agree with the activities of and arrangements made for the excursion. During the excursion, I 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.  
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 cost of an ambulance.

**Signature of Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Contact Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

I \_\_\_\_\_ am able to attend the Snowy Hydro Excursion on Tuesday 14 August as a parent/grandparent/carer helper.

**WWCC no:** \_\_\_\_\_

**Signature:** \_\_\_\_\_