Grade 5/6 Break Up Celebration
Thursday 12th December

Wednesday 20th November

Dear Parents and Students,

To celebrate a great year of grade 5/6, we are pleased to advise you that the 5/6 children will be participating in an excursion to the Melbourne Sports and Aquatic Centre on Thursday 12th of December.

We will be travelling to and from the Aquatic Centre by bus. Students will be participating in a Splash Out Program as well as activities on the lawn. A BBQ lunch will be provided in the park.

Please note students must wear their school uniform. They will also need to bring their own morning tea, bathers, a towel, sun hat, sunscreen, water bottle and underwear to change into after the swim. Goggles and a swimming cap are optional. Children must wear proper footwear to and from MSAC.

The total cost for the excursion is $30.

Parents are welcome to meet us there. However, we will require at least one parent from each class to travel to and from MSAC on the bus. If you would like to help out please contact the parent representative from your class. Please ensure that the permission slip below is returned to school no later than Monday 2nd December.

Many thanks,

Melissa Costa, Dannie Smith, Amy Kopciewicz, Kate Wipfl and Nikki Szwardbard

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GLEN IRIS PRIMARY SCHOOL
Grade 5/6 Break Up Celebration: Thursday 12th December 2013

I give permission for my child ____________________________ Grade ______ to participate in the Break Up Celebration to MSAC.

In case of emergency involving my child, I hereby authorise the teacher in charge to contact the nearest doctor available and arrange for any necessary hospital treatment or ambulance transport. I accept responsibility for any costs involved.

Payment for the excursion will be made as indicated below:

☐ I have paid the excursion levy
    OR

☐ Please find enclosed $30.00 to cover the costs

Does your child have special dietary requirements? YES ☐ NO ☐

Please list: ____________________________________________

If my child has special dietary requirements I will provide my child’s food: YES ☐ NO ☐

Please state: __________________________________________

Parent’s/Guardian’s Name ________________________________

Contact Number on the day ______________________________

Parent’s/Guardian’s Signature _____________________________ Date __________