Dear Parents and Students,

To complement our study of Inventors and Inventions, we are pleased to advise you that the Level 4 children will be participating in an excursion to ACMI – The Australian Centre for the Moving Image. Students will be involved with new age technology and current inventions through the ACMI Education – Lights, Camera, Action Program. In this innovative workshop, students create a show reel as an audition for Super Geek 2, a spin-off from the award winning Australian television drama series Short Cuts.

5/6B and 5/6P will be travelling together on Friday 2 December, please note that 5/6C and 5/6N will be travelling on Friday 9 December. This will be a whole day excursion.

We will be travelling to and from the city by train. Students will need full school uniform, including hats and a small packed lunch. Students may like to share a bag with a friend; this can be arranged at school prior to leaving. Students will not need any valuables such as mobile phones and/or cameras and as such are asked not to bring them on the day.

The total cost for the excursion is $22.00

These events cannot go ahead without the assistance of parent helpers. If you would like to help out please contact the parent representative for your class, we will need approximately 2 parents per grade.

Many thanks,

Emily Burgess, Melissa Costa, Megan Neal and Rachel Pitson

GLEN IRIS PRIMARY SCHOOL

56B & 56P
Level 4 Inventors Excursion
Australian Centre for the Moving Image
Friday 2 and Friday 9 December 2011

I give permission for my child ________________________________________ Grade ______ to participate in the Inventors Excursion to ACMI.

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 $22.00 to cover the costs [ ]

Parent’s/Guardian’s Name ________________________________

Contact Number on the day ________________________________

Parent’s/Guardian’s Signature _____________________________ Date ______________________