Dear Parents,

To complement our study of Life On Earth, we are pleased to advise you that on Wednesday 29th October, the Year 3 students will be participating in an excursion to the Melbourne Museum. Students will be participating in an educational session run by museum staff and exploring different areas and exhibits in the museum.

We will be travelling to and from the museum by bus. Students will need full school uniform including broad-brimmed hat, a packed lunch, snack and drink bottle, in a named plastic bag to be stored in the museum’s small food lockers.

Students may take a camera, but it will be at their own risk. If a mobile phone is required before or after school, students may leave it at the School Office.

The total cost for the excursion is $20.00 covering the cost of the bus travel, the museum entrance and education session. Please return the permission note and any payment to your child’s teacher by Friday 24th October, 2014.

These events cannot go ahead without the assistance of parent helpers. We will need three parents with Working With Children Checks per class. Please indicate if you are available to help below. Your child’s classroom teacher will contact you, if you are required to help by Friday 24th October, 2014.

Many thanks,

Rebecca Givogue, Christine Hallam and Barbara Maclarn.
Year 3 Teachers

GLEN IRIS PRIMARY SCHOOL
Year 3 Melbourne Museum Excursion
Wednesday 29th October, 2014

I give permission for my child ____________________________ Class ________ to participate in the Melbourne Museum Excursion.

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 incursion will be made as indicated below:

- I have paid the excursion levy
- OR
- Please find enclosed $20 to cover the costs
- I, _______________________________ can help out on the day.

Phone Number _______________ Email ________________________________

Parent’s/Guardian’s Name ____________________________
Contact Number on the day ____________________________
Parent’s/Guardian’s Signature _________________________ Date_________