

## AN INDEPENDENT PUBLIC SCHOOL

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## Dear Parent/Carer/Guardian

TO SEE AND TO UNDERSTAND

I am pleased to provide you with the following details regarding our excursion.

Excursion to:	Cricket Carnival - Charles Veryard Reserve			
Class/Year groups attending:	Selected Year 6 students			
Departure venue, date and time:	Departing school 8:55am on Tuesday 26 <sup>th</sup> March			
Return time:	Approximately 2:45pm			
Excursion leader:	Nathan Holton			
Travel details:	Travelling by Bus to and from the venue.			
Excursion cost:	\$16.40			
Supervisory team:	Nathan Holton			
	We are also looking for 1 parent helper/coach for the day (you will be supervising the Year 6 girls team and supporting Mr Holton). If you wish to help please contact Laura Croft via email ASAP. <u>laura.croft@education.wa.edu.au</u>			
Contact arrangements during excursion:	Please contact the school			

**Educational purpose of excursion** This excursion has been planned to support the school's Physical Education program.

**Activities** Your child will be participating in the following activities. (Water based excursions require additional supervision advice and student information. Include as appropriate.)

Small-sided cricket games.

## Special clothing or other items required

All excursion participants are to comply with all venue/site special clothing or other item requirements as prescribed.

Students are to wear their school uniform to school, including appropriate shoes for sport. Before we depart, students will change into an Interschool uniform shirt provided by the school.

They also need to bring their water bottle, and their recess and lunch as usual.

Please complete, sign and return the following section to the school by Friday 22 March 2024.

Kind Regards, Miss Laura Croft **Physical Education Teacher** 



## Cricket Carnival, Tuesday 26 March 2024 - Permission Slip

Child's name:					
Class – Year:					
Excursion to:	Cricket Ca	Cricket Carnival - Charles Veryard Reserve			
Student health considerations If your child's medical condition had and include any relevant medical conditions.			ecial needs, please provide full details w.		
Summary, please outline addition	al health risk hylaxis there	s below: e may be risks asso	ose identified in the Student Health Care ciated with the provision of meals and storage		
Parent/carer/guardian consent I give permission for my child to re I am aware that the school and its damage that may occur on an excenegligent.	employees	are not responsible	e for personal injuries or property		
Next of Kin					
Name		Name			
Daytime Contact		Daytime Contact			
After hours		After hours			
Mobile		Mobile			
Relationship		Relationship			
I consent to	(Your ch	(Your child's name)			
participating in an excursion to Cricke		icket Carnival, Charles Veryard Reserve			
on (Date)		sday 26 March 2024			
Signed					
Date					