

BIRCHGROVE PUBLIC SCHOOL

Birchgrove Road,
BALMAIN, 2041

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Thursday 28th April 2016

ZoosnooZ Excursion – Year 3

Dear Parents/Carers,

As mentioned in the Meet the Teacher presentations, an overnight excursion to Taronga Zoo has been planned for Term 2. While you will be given further information about the itinerary and requirements closer to the date of the excursion, please find the general details of the excursion below. The permission slip is attached.

- When:** Tuesday 31st May – Wednesday 1st June 2016
- Cost:** \$110 (covers bus, entry and 3 meals)
- Leaving Time:** 4.30pm, Tuesday 31st May 2016
- Returning Time:** 3.15pm, Wednesday 1st June 2016
- Travel by:** Bus
- Meeting Place:** the pick-up area at the front of the school at 4.15pm on Tuesday 31st May
- Supervision:** The excursion will be supervised by Anita Keating and Rob Cormack.

During this excursion your child will enjoy a unique sleepover experience, take a walk through the zoo at night, undertake hands on lessons in the education centre with some zoo 'residents' and spend a day in small groups enjoying the zoo and its creatures.

This is a fantastic experience that your child will remember for a long time.

If you are concerned about being able to cover the cost of the excursion, please speak to your child's teacher or the principal about payment options.

Please return the attached permission slip to your child's teacher by **Friday 20th May 2016.**

Anita Keating & Rob Cormack
Supervising Teachers

Tracy Gray
Principal

I give permission for my child _____
from _____ to participate in the ZoosnooZ.

I understand that my child will be traveling by coach and will be leaving from Birchgrove PS on Tuesday, 31st May 2016 and returning by coach to Birchgrove PS on Wednesday 1st June 2016.

I give permission for my child to receive medical treatment in case of an emergency.

Parent / Carer signature _____ Date _____

Name _____

Contact Number _____ Daytime

Contact Number _____ Nighttime

Medicare Number _____

Health Details

Does your child have any food allergies? Yes/ No

Please list _____

Is your child a vegetarian? Yes / No

Does your child suffer from any medical condition? (Asthma, diabetes, epilepsy, etc.) Please note any details of medical management program of which the supervising teachers may need to be aware:

All parents need to fill out an indemnity form, available from the front office, to allow medication to be administered by school staff

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**Birchgrove Road,
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Thursday 28th April 2016

ZoosnooZ Excursion – Year 4

Dear Parents/Carers,

As mentioned in the Meet the Teacher presentations, an overnight excursion to Taronga Zoo has been planned for Term 2. While you will be given further information about the itinerary and requirements closer to the date of the excursion, please find the general details of the excursion below. The permission slip is attached.

- When:** Monday 30th May – Tuesday 31st May 2016
- Cost:** \$110 (covers bus, entry and 3 meals)
- Leaving Time:** 4.30pm, Monday 30th May 2016
- Returning Time:** 3.15pm, Tuesday 31st May 2016
- Travel by:** Bus
- Meeting Place:** the pick-up area at the front of the school at 4.15pm on Monday 30th May
- Supervision:** The excursion will be supervised by Dani Corliss and John Nguyen.

During this excursion your child will enjoy a unique sleepover experience, take a walk through the zoo at night, undertake hands on lessons in the education centre with some zoo 'residents' and spend a day in small groups enjoying the zoo and its creatures.

This is a fantastic experience that your child will remember for a long time.

If you are concerned about being able to cover the cost of the excursion, please speak to your child's teacher or the principal about payment options.

Please return the attached permission slip to your child's teacher by **Friday 20th May 2016.**

Dani Corliss & John Nguyen
Supervising Teachers

Tracy Gray
Principal

ZoosnooZ Permission Note for Year 4
(Please return to your child's class teacher)

I give permission for my child _____
from _____ to participate in the ZoosnooZ.

I understand that my child will be traveling by coach and will be leaving from Birchgrove PS on Monday, 30th May 2016 and returning by coach to Birchgrove PS on Tuesday 31st May 2016.

I give permission for my child to receive medical treatment in case of an emergency.

Parent / Carer signature _____ Date _____

Name _____

Contact Number _____ Daytime

Contact Number _____ Nighttime

Medicare Number _____

Health Details

Does your child have any food allergies? Yes/ No

Please list _____

Is your child a vegetarian? Yes / No

Does your child suffer from any medical condition? (Asthma, diabetes, epilepsy, etc.) Please note any details of medical management program of which the supervising teachers may need to be aware:

All parents need to fill out an indemnity form, available from the front office, to allow medication to be administered by school staff.