



# IRAMOO PRIMARY SCHOOL No. 5152

## GRADE PREP WERRIBEE ZOO EXCURSION TUESDAY, OCTOBER 30, 2018

Thursday, September 13, 2018

Dear Parent/Guardian

Next term the Prep children are studying **'Living and Non-Living Things'** as part of our curriculum. To engage the children's interest in the topic and develop their understanding about the needs and care of animals and plants, we have organised an excursion.

On **Tuesday, October 30** the Prep children will be going to the **Werribee Open Range Zoo**. At the zoo, the children will experience a 45 minute guided tour on the Safari Bus and a 50-minute **'Discovery & Learning'** session with an Education Officer where they will meet some animals and become **'Habitat Heroes'**.

On the day of the excursion please provide your child with a *healthy* snack and lunch, which includes no more than one *'sometimes food'*. All food and drinks need to be packed into *disposable* containers or plastic bags (*no glass*) that are clearly labeled with your child's name. Please ensure that your child is in full and correct school uniform, including a sunhat and sensible footwear.



The total cost of the excursion is **\$26**. This covers the cost of transport, admission to the zoo and the **'Habitat Detectives'** educational session. Holders of current Health Care cards can use the new government Camps, Sports & Excursions Fund (CSEF).



We will be departing school at **9.15 a.m.** and returning at approximately **2.40 p.m.**

Please fill in the form below and return it to school with payment by **9 a.m. Tuesday, October 23, 2018**.

**KIRBY BEBEND, TENILLE CISTERNAS,  
LAURA MEEHAN (CO-ORDINATOR), AN NGUYEN & EMMA SAUNDERS  
PREP TEACHERS**

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**NAME:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

- I give permission for my child to attend the above excursion and enclose **\$26**.
- Please deduct the **\$26** payment from my **2018 Camps, Sports & Excursions Fund (CSEF) – current Health Care card holders only** (Please ensure that the school has a copy of your current card).

On the day of the excursion, I (or my nominee) can be contacted on phone number: ☎ \_\_\_\_\_

Please tick if your child suffers any of the following:

- Bee Sting allergy     Fits of any type     Dizzy Spells     Asthma
- Migraine     Travel Sickness     Other \_\_\_\_\_

Where it is impracticable to communicate with me, I authorise the teacher/s in charge of the excursion to consent to my child receiving such medical or surgical treatment as may be deemed necessary.

**\* Indicate any medication to be taken, include time and dosage** \_\_\_\_\_

**PARENT/GUARDIAN'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_