



# IRAMOO PRIMARY SCHOOL No. 5152

Tuesday, 21 March, 2017

## GRADE 1 EXCURSION ANIMAL LAND CHILDREN'S FARM THURSDAY, MAY 4 - GRADES 1JB, 1MM, 1 EH and FRIDAY, MAY 5 - GRADES 1AB, 1ND, 1DE

Dear Parent/Guardian,

As part of our Integrated Studies theme, *From Farm to Fork*, the Grade 1 children will be visiting the Animal Land Children's Farm at Diggers Rest.

**1JB, 1MM and 1EH** will attend the farm on **Thursday, May 4, 2017**

and

**1AB, 1ND and 1DE** will attend the farm on **Friday, May 5, 2017**

Both groups will depart Iramoo Primary School at **9.05 a.m.** and will return at approximately **2.50 p.m.** Your child must be in full and correct school uniform on the day of the excursion.

Please ensure that your child brings a *healthy* lunch/snack. All food and drinks need to be in disposable containers (no glass) with your child's name clearly labelled on all items. It is recommended that your child brings a coat and wears gumboots to keep him/her warm and dry.

We will be having a tour, demonstrations and a variety of hands-on activities at the farm.



The cost of this excursion is **\$32**. An option to pay in **two \$16 instalments** is available and holders of current Health Care cards can use the government Camps, Sports & Excursions Fund (CSEF).

Please return final payment and permission form to school by **3 p.m. Monday, April 24, 2017**.

**MS AMY BROOKS, GRADE 1 CO-ORDINATOR,**



To be returned to school with payment by 3 p.m. Monday, April 24, 2017



## IRAMOO PRIMARY SCHOOL No. 5152 GRADE 1 EXCURSION ANIMAL LAND CHILDREN'S FARM THURSDAY, MAY 4, 2017 OR FRIDAY, MAY 5, 2017



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

- I give permission for my child to attend the above excursion and enclose **\$32**
- I enclose **\$16** being the first instalment for the above excursion with the remaining balance of **\$16** to be paid by **3 p.m. Monday, April 24, 2017**
- Please deduct the **\$32** payment from my **2017 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       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** \_\_\_\_\_