



# IRAMOO PRIMARY SCHOOL No. 5152

Thursday, September 7, 2017

## GRADE 2 EXCURSION NARANA CREATIONS ABORIGINAL CULTURAL EDUCATION CENTRE TUESDAY, OCTOBER 24, 2017



Dear Parent/Guardian,

Next term the Grade 2 children will be learning about *Walking with the Wathaurong* during Integrated Studies lessons. We have organised a valuable and educational excursion to Narana Creations Aboriginal Cultural Education Centre in Geelong on **Tuesday, October 24, 2017**. We will depart Iramoo Primary School at approximately **9.00 a.m.** and will return at approximately **2.45 p.m.** Please ensure that your child is on time and wearing correct school uniform.

Please ensure that your child brings a healthy snack and lunch, with no more than one 'sometimes food'. Ensure that food and drinks are in disposable containers (no glass) with your child's name clearly labelled on all items.

Students will participate in a variety of activities that include looking at Aboriginal artefacts, exploring language groups, Dreamtime stories, boomerang throwing and a bush walk.

**The cost of this excursion is \$25.** An option to pay in **two \$12.50 instalments** is also available.

Current health care/concession cardholders are eligible for the government **Camps, Sports & Excursions Fund (CSEF), \$125 per child per year** and you may choose to direct some of the CSEF towards payment for this excursion. Please ensure that our office has a copy of your current health care card/concession card.

Please return full payment **and/or** permission form to school by **3 p.m. Tuesday, October 17, 2017**.

**APRIL ANAPLIOTIS, CAITLIN CLANCY, SIMON DUNDAS, LAUREN EWEN & TAMARA KING  
GRADE 2 TEACHERS**



To be returned to school with payment by 3 p.m. Tuesday, October 17, 2017



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

- I give permission for my child to attend the above excursion and enclose full payment of **\$25**.
- I enclose **\$12.50** being the first instalment for the above excursion, with the remaining balance of **\$12.50** to be paid by **3 p.m. Tuesday, October 17, 2017**.
- Please deduct the **\$25** full 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 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** \_\_\_\_\_