



IRAMOO PRIMARY SCHOOL No. 5152

Wednesday, September 5, 2018

GRADE 2 EXCURSION NARANA CREATIONS ABORIGINAL CULTURAL EDUCATION CENTRE FRIDAY, OCTOBER 26, 2018



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 **Friday, October 26, 2018**. 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 also 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 \$28. An option to pay in **two \$14 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** permission form to school by **3 p.m. Friday, October 12, 2018**.

**MRS LISA ALTIN, MRS ERICA CLARK, MRS AMY JAMES (TEAM LEADER),
MRS MORGAN LEWIS, MS DEB SHARROCK & MR DOUG WICKING
GRADE 2 TEACHERS**



To be returned to school with payment by 3 p.m. Friday, October 12, 2018



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NAME: _____ **GRADE:** _____

- I give permission for my child to attend the above excursion and enclose full payment of **\$28**.
- I enclose **\$14** being the first instalment for the above excursion, with the remaining balance of **\$14** to be paid by **3 p.m. Friday, October 12, 2018**.
- Please deduct the **\$28** full 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** _____