



## **PRESCHOOL EXCURSION TO THE AUSTRALIAN NATIONAL BOTANICAL GARDENS**

**21 May 2019**

**Mbabaram and Yindinji**

Dear families,

Preschool is off to the Australian National Botanical Gardens for an exciting opportunity to experience the rainforest and participate in the ranger guided program, Indigenous plant use: food, medicine and tools. This excursion will support this year's preschool inquiry into the rainforest and provide us with an understanding about some aspects of indigenous culture.

**All children will need to bring a HAT, a DRINK BOTTLE and MORNING TEA in a named paper bag.**

If you are able to assist us by volunteering to come with us on this excursion please see Mel, Wendy and Tiina (Yindinji) or Rosie, Justene or Jenny (Mbabaram). We will need three volunteers per class in order to fill our ratio.

Whilst it is not mandatory to have your Working with Vulnerable People Care to assist on the excursion, it is preferred, and if you intend to volunteer at Evatt School in the future it will be required. Registration is free and forms are available at the Front Office or via the Access Canberra website.

THIS ACTIVITY	<b>Preschool excursion to the Australian National Botanical Gardens</b>
METHOD OF TRANSPORT:	<b>Bus</b>
DATE OF THE ACTIVITY	<b>Tuesday 21 May 2019</b>
TIME	<b>Bus departing from Evatt Preschool at 9:20am Bus returning to Evatt Preschool at 1:05pm</b>
THE COST	<b>\$15.50</b>
DUE BY	<b>Tuesday 7 May 2019</b>
ANTICIPATED NUMBER OF CHILDREN:	<b>Mbabaram: 22 Yindinji: 22</b>
ANTICIPATED NUMBER OF ADULTS:	<b>Mbabaram: 6 Yindinji: 6</b>
ANTICIPATED RATIO OF ADULTS TO CHILDREN:	<b>1:4</b>

Staff accompanying students on excursions will take all reasonable care while supervising students to protect them from injury and to control and supervise their behaviour and activities. Parents should be aware that staff are not responsible for injuries or damage to property which may occur on an excursion where in all circumstances staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property of impulsive, wilful or disobedient behaviour.

This activity is not essential to, but enriches, curriculum outcomes and therefore payment is required for participation.

The school has made every effort to keep costs for this activity at a reasonable level. We have an equity fund which can be used to provide financial assistance for students where parents are unable to make the requested contribution. If however there is insufficient total funding available to meet the cost of the excursion, regrettably we may not be able to proceed.

A risk assessment has been prepared and is available at the service.

**EVATT SCHOOL PERMISSION SLIP**

**PRESCHOOL EXCURSION TO THE  
AUSTRALIAN NATIONAL BOTANICAL GARDENS**

**21 May 2019**

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**Permission note due by: TUESDAY 7 MAY 2019**

CHILD'S NAME: ..... CLASS: .....

Please tick the appropriate boxes:

I have enclosed cash/ I have paid by Direct Debit/ I wish to pay by credit card and my details are below

I authorise for the teacher in charge to make arrangements for the welfare of the student (including medical or surgical treatment) in an emergency.

I agree to meet all costs associated with any emergency arrangement made by the teacher in charge – free ambulance transportation only applies in the ACT. I agree that the student will under the authority of the school for the duration of the excursion, and that the teacher in charge is authorised to return the student home at the expense of the parent/carer if the teacher in charge considers that circumstances warrant such an action.

I agree to the student travelling by private car, driven by a staff member or parent, as the case may be.

OR

My child WILL NOT be attending this excursion.

PARENT/GUARDIAN'S NAME:..... (please print)

SIGNATURE: ..... DATE: .....

**PAYMENT DETAILS**

**For Direct Debit payment:**



Account Name: Evatt Primary School Management Account  
BSB: 032777  
Account number: 001244  
Reference: <your child's surname> <GL 8023>

**Cash/Cheque**

AMOUNT ENCLOSED: .....

**For credit card payment (for amounts over \$10 only):**

CREDIT CARD VISA:  MASTERCARD:

Card no: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Amount: \_\_\_\_\_

Expiry Date: \_\_\_\_ / \_\_\_\_ CVS: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_ Signature of Cardholder: \_\_\_\_\_