KINDERGARTEN EXCURSION TO THE NATIONAL GALLERY OF AUSTRALIA

To parents and carers,

The Snow gums and the Bluebells are venturing out! To enrich our Indigenous Australia Unit, we are going to see the Aboriginal and Torres Strait Islander art collection at the National Gallery of Australia. We will be split into smaller groups to complete a guided tour through the collection of Aboriginal & Torres Strait Islander art galleries. This is a fantastic opportunity for the Snow Gums and Bluebells to see authentic Aboriginal Art, listen to stories and ask questions about the culture.

We will have morning tea in the Gallery’s Sculpture Gardens before our guided tour. Your child will need to bring morning tea in a paper bag (no containers) and a hat. We will arrive back at school in time for lunch. With thanks, Rosie Westerman and Jess Lee

THIS ACTIVITY: Kindergarten Excursion to the National Gallery of Australia, Aboriginal & Torres Strait Islander art galleries

DATE OF THE ACTIVITY: Monday 2 September 2013
START OR DEPARTURE TIME: 10:15am
RETURN OR FINISH TIME: 1pm
THE COST: $7.00
DUE BY: Wednesday 28 August 2013

Preferred Payment Method
For Direct Debit payment:
Account Name: Evatt Primary School Management Account
BSB: 032777 Account number: 001244 Reference: <your child’s surname> + <Excursion name>

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.
It is customary for the school to request a financial contribution towards meeting the cost of your child’s participation in this excursion. These contributions are voluntary.
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.
EVATT PRIMARY SCHOOL PERMISSION SLIP
KINDERGARTEN EXCURSION TO THE NATIONAL GALLERY OF AUSTRALIA

Please return this form to the school by the final date shown below.

Permission note due by:  Wednesday 28th August

CHILD’S NAME: ...........................................................................................................
CLASS: ........................................

Please tick the appropriate boxes:

☐ I have enclosed $__________ in full payment (see below for payment options)
☐ 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.

MEDICAL INFORMATION:
This excursion requires information only about current medical requirements and/or needs of the child relevant to the excursion (please specify below).

___________________________________________________________________________________________________

PARENT/GUARDIAN’S NAME:........................................................................................................... (please print)
SIGNATURE: ............................................................................................................ DATE: ........................................

PAYMENT DETAILS          Kinder NGA
For Direct Debit payment:
Account Name: Evatt Primary School Management Account
BSB: 032777
Account number: 001244
Reference: <your child’s surname> + <Excursion name>

Cash/Cheque
AMOUNT ENCLOSED: ........................................................................................................

For credit card payment (for amounts over $10 only):
CREDIT CARD  VISA: ☐  MASTERCARD: ☐
Card no: _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _  Amount: ____________  Expiry Date: ___/___

Name of Cardholder: __________________________  Signature of Cardholder: _____________________