

## Parent Information – Herdsman Wildlife Centre

Please either use the Qkr! app for payment and consent (download in Google Play or APP Store), or return the consent and payment portions of this note to the FRONT OFFICE by Friday 18 October 2019)

Dear Parent or Guardian,

Your child is invited to participate in the following school excursion.

Excursion to: Herdsman Wildlife Centre Date: Tuesday 22 October 2019

Departure time: 9am Arrival time: 9.30am Return by: 1pm

\*\* Students to arrive at school by 8:30am please.

Participating classes: Pre-Primary students No of students: 70

Members of the supervisory team are: Brooke O'Brien, Daniel Jensen, Jennifer Gordon, Sue Stott, Caroline Praetz and Anne Neretlis

Contact arrangements during the excursion: Please contact the school on 9370 2170.

Activities to be undertaken:

- 'Smoking ceremony'/Welcome to Country
- Dreaming stories, Nyungar culture and language
- Bush medicine/bush tucker walk
- Mia Mia building (traditional shelters)

Students will need the following:

- Hat
- Drink Bottle
- Morning Tea and Lunch (separated in disposable bags)
- Sunscreen (already applied)

Means of transport: Robinsons Bus Charters

Total cost of excursion: \$19.00 per student

Additional information: If your son or daughter has special needs, please provide full details. Please ensure your child's medical records are up to date at the school office.

Pick up from school will be at the usual time. Please retain this information portion of the note for your reference.

Thank you,

Pre-Primary Teachers

20 September 2019

### Parent Consent – Herdsman Wildlife Centre

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I have read and understood the information regarding the excursion to the Herdsman Wildlife Centre on Tuesday 22 October.

I give my child \_\_\_\_\_, of Room \_\_\_\_\_ Year \_\_\_\_\_  
(Please print full name)

permission to attend the excursion and enclose payment of \$19.00. Where it is not practical to communicate with me, I authorise the teacher in charge of the excursion to consent to my child receiving such medical treatment as may be considered necessary. I am aware that the school and its employees are not responsible for personal injuries or property damage which may occur on an excursion, unless the school or its employees are proven to be negligent. Parents and guardians are reminded that excursions are a privilege and students' permission may be rescinded if their behaviour has been inappropriate or if such behaviour may cause harm to others.

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
(Parent / Guardian)

### Payment – Herdsman Wildlife Centre

Child's Full Name: \_\_\_\_\_ Room Number: \_\_\_\_\_

Please indicate your payment option below ✓ Cost: \$19.00

CASH <input type="checkbox"/>	Please enclose this form in an envelope with your cash payment and place in the box provided in the school office. Please provide the exact money as change will not be given.
CHEQUE <input type="checkbox"/>	Please enclose this form in an envelope with your cheque and place in the box provided in the school office. Cheques are to be made payable to Mount Lawley Primary School.
DIRECT DEPOSIT <input type="checkbox"/>	Account Name: Mount Lawley Primary School BSB: 016-370 Account Number: 3408 79955 Please use child's surname, room and activity as a reference.
VISA / MASTERCARD <input type="checkbox"/>	<div style="text-align: center;"> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> </div> Expiry Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> Cardholder Name: _____ Cardholder Signature: _____
UNALLOCATED CREDIT <input type="checkbox"/>	If you have opted to pre-pay your child's charges and / or extra cost options, as per the 2019 School Contributions and Charges Schedule, we will deduct the cost of this activity from the balance of unallocated credit.