

Thursday 20th February, 2020

Year 6 Brewongle Environmental Education Centre Excursion



- When:** Monday 30th March, 2020
- Where:** Brewongle Environmental Education Centre, Sackville North
- Cost:** \$35.00
- Need:** Full sports uniform, including school hat, recess, lunch and a bottle of water in a reusable bag, labelled with name and class.
- Time:** Please be at school by 8.30am as the bus leaves promptly at 8.45am.
- Due:** Friday 20th March – No late payments will be accepted

This excursion has been organised to introduce and complement our Semester 1 integrated unit.

At school, the students will be completing activities based upon their experiences at the Education centre.

The cost of the excursion is \$35.00, which covers entry fee and bus fare. The bus will leave at 8.45am and will be returning by 3pm. The children are to wear full sports uniform including their school hat. The children will need to bring morning tea, lunch and drinks in a small carry bag or small backpack with their name clearly labelled.

Children are not allowed to bring any money as there will be no canteen or shops available.

Please complete the permission note below and return it to the office with the correct money or make an online payment via the school website no later than Friday 20th March, 2020.

Ms Campion

Principal

Mrs Pain, Mrs Lochan, Mr Duss, Mrs Elvy and Mrs Foster

Year 6 Teachers



Return to: the office

Date Due: Friday 20th March, 2020

Year 6 Brewongle Environmental Education Centre Excursion

I give permission for my child _____ of class _____ to attend the Brewongle Environmental Education Centre Sackville North on Monday 30th March, 2020.

I understand the children will be travelling to and from Brewongle Environmental Education Centre Sackville North by bus and the bus fare will not be refunded if my child does not attend on the day or misses the bus.

☐ I have enclosed \$35.00 to cover the cost of the excursion.

☐ I have made an online payment of \$35.00. My receipt number is _____

My son / daughter has the following special needs: (please provide full details and include any relevant medical details e.g. allergies / medication): _____

Signature of Parent / Caregiver: _____ Date: _____

Hadrian Avenue BLACKTOWN NSW 2148
T 9622 8359 T 9621 2958 F 9831 6726
E shelley-p.school@det.nsw.edu.au