

Monday 11<sup>th</sup> November, 2019



## K – 6 End of Year Excursion

**When:** Wednesday 18<sup>th</sup> December, 2019

**Where:** Reading Cinemas, Auburn

**Time:** 8:45am – 3:00pm

**Cost:** \$20.00

**Due:** 11<sup>th</sup> December, 2019 – **no late payments will be accepted**

**Students MUST be at school by 8:45am to ensure they don't miss the bus.**

On Wednesday 18<sup>th</sup> December the whole school will be attending an excursion to celebrate the end of the school year. Students will be going to Reading Cinemas at Auburn to watch the movie 'The Queen's Corgi'.

The cost of the excursion is \$20.00 which includes bus fare and entry into the movie.

The children are to wear full school uniform including a school hat. Students need to bring morning tea, lunch and drinks in a small backpack. **Students will finish school at the usual time of 3pm.**

Please complete the permission note below and return to the school office with the correct money **NO LATER THAN WEDNESDAY 11<sup>th</sup> December 2019.**

Please note as we have endeavoured to keep the cost as low as possible, the bus fare will not be refundable if your child does not attend on the day or misses the bus.

**Ms Champion**

Principal

**Mrs Williams**

Deputy Principal



**Return to: the Office**

**Due: Wednesday 11<sup>th</sup> December, 2019**

## K-6 End of Year Excursion

I consent to my child \_\_\_\_\_ in class \_\_\_\_\_ participating in the excursion to the movies at Auburn on Wednesday 18<sup>th</sup> December, 2019. I understand the children will be travelling to and from Auburn 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 \$20.00 to cover the cost of the excursion.

**No late payments will be accepted**

I have made an online payment of \$20.00. 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 or Caregiver: \_\_\_\_\_ Date: \_\_\_\_\_

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