Dear Parents,

To enhance the classroom Unit of Study on ‘Disasters’ an excursion to IMAX Theatre and Melbourne Museum is planned for Friday 24 February 2012. The IMAX Theatre is showing the movie ‘Tornado Alley’ which will further the children’s understanding of natural disasters. The children will also visit exhibits presently on display at the Melbourne Museum.

We will travel by bus and leave school at 9:30am and return by 3:00pm. The children are expected to wear full school uniform including hat. They will need to bring their snack and lunch in a disposable bag. Please ensure that if asthma medication is required (ie inhaler etc) that it is brought on the day.

Please return the signed permission slip to school no later than Monday 20 February 2012.

Parent Assistants who have a Working with Children Check are welcome to attend this excursion. Please indicate on the return slip if you wish to be considered as a Parent Assistant for this activity.

Yours sincerely,

Melissa McLeod, Sue La’Brooy, Stewart Clyde, Michelle Beagley, Sue Ward, Carla Wyllie, Elaine Parry, Stephen Coughlan, Valerie Blake, Pattie Walker

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Jells Park Primary School Excursion Permission

IMAX Theatre/Melbourne Museum Friday 24 February 2012

Please complete and return to the Class Teacher by Monday 20 February 2012

I hereby give permission for my child ______________ in Grade __________ to attend the excursion to __________________________________ on ______________________

In the event of accident or illness, I authorise the teacher-in-charge of this excursion to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

I wish to be considered as a Parent Assistant for this activity and have a current Working with Children Check.

(please tick)

SIGNATURE:________________________   DATE: __________

(please tick)

EMERGENCY CONTACT INFORMATION FOR Friday 24 February 2012

CONTACT NAME 1 : ____________________ Phone No. ______________

CONTACT NAME 2 : ____________________ Phone No. ______________