Dear Parents,

To enhance the classroom Unit of Study on ‘Who do you think you are?’ an excursion to Jells Park is planned for Thursday 22 March, 2012. Part of this excursion involves the students, in small groups, planning their picnic. Once this has been done, each student will be requested to bring one item. This may be a picnic rug, picnic food or a game. A note will go home shortly to notify you of the requested item.

We will be walking to Jells Park, leaving school at 12.00noon and returning by 2.45pm. All students are expected to wear full school uniform and bring their own water bottle in a small bag as well as their distributed item and hat. Please ensure that if asthma medication is required (ie inhaler etc) that it is brought on the day. At 12.15pm all parents are welcome to join in the picnic lunch. Please meet your child and child’s teacher near the Jells Park Tea House. Parents will need to bring their own lunch.

Please return the signed permission slip to school no later than Thursday 8 March 2012. We require Parent Helpers with current Working with Children Checks to assist us with walking from school to Jells Park. Please indicate on the return slip if you are able to assist as a Parent Helper or if you will be able to attend our picnic lunch.

Yours sincerely,

The level 2 team.

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JELLS PARK PRIMARY SCHOOL EXCURSION PERMISSION

JELLS PARK PICNIC LUNCH EXCURSION

Thursday 22 March 2012

Please complete and return to the Class Teacher by Thursday 8 March 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 (please tick)

I am able to attend the picnic lunch from 12.15pm – 2.15pm (please tick)

SIGNATURE: ___________________ DATE:_____________

(parent/guardian)

EMERGENCY CONTACT INFORMATION FOR

CONTACT NAME 1 : ___________________ Phone No. ______________

CONTACT NAME 2 : ___________________ Phone No. ______________