



St Benedict's Primary School

P.O. Box 59, Tallara Parkway
NARRABUNDAH, ACT, 2904

Ph: 02 6295 8027, Fax: 02 6295 8147
Email: Office.StBenedicts@cg.catholic.edu.au

YEAR 4 OVERNIGHT EXCURSION

10th September, 2018

Dear Parents of Year 4,

The Year 4 students will be travelling to Sydney for the Year 4 Overnight Excursion during Week 1 of Term 4.

When: Thursday, 18th October to Friday, 19th October.

Where: Sydney- Australian Museum, the Australian Maritime Museum and Taronga Zoo (overnight).

Cost: approximately \$250 (final cost determined by final numbers).

We will be travelling to Sydney on a fully equipped, seat-belt coach leaving St Benedict's at 6:30am on Thursday morning, 18th October and returning at approximately 5.30pm on Friday afternoon, 19th October.

Please fill out and return the below permission note, authorising your child to attend this excursion. This will allow us to finalise numbers and costs for families.

Should you wish to discuss any of the above information further, please feel free to contact Ms. Rachel Smith, Ms. Nicole Jones or Ms. Camille Ellison.

Yours sincerely

Rachel Smith
Principal

Nicole Jones & Camille Ellison
Year 3/4 Teachers



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Year 4 Overnight Excursion

Permission Note

Child's Name: _____ Class: _____

I give permission for my child to attend the Year 4 Overnight Excursion to Sydney, on Thursday 18th October to Friday, 19th October.

I understand that my child will travel by bus to Sydney on Thursday, 18th October and return to School on Friday, 19th October.

I also understand that I am responsible for the cost of this excursion which will be added to my Term 4 school fees.

I am responsible for organising the transportation of my child to and from school.

I also authorise the teachers/instructors to obtain medical assistance deemed necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of the above student. I further authorise qualified practitioners to administer anaesthetic if such an eventually arises. Listed below are specific medical requirements or other needs relevant to my child participating in the excursion.

| Medical Condition (e.g. allergies, asthma) | Treatment Plan (<i>Attach further details if necessary</i>) |
|---|--|
| | |

Signed: _____ Date: _____

Emergency Contact Name: _____

Number/s: _____