



PARENT INFORMATION FORM FOR SCHOOL EXCURSION

Dear Parent/Guardian

I am pleased to provide you with the following details regarding our Year 6 excursion to Parliament House on **Tuesday 5 April 2016.**

This excursion has been planned to supplement the following work being completed in your son's/daughter's classroom within the Year 6 Civics and Citizenship area of the Australian Curriculum:

- Understanding the key components of Australia's democratic system of government;
- Understanding how laws are initiated and passed;
- The rights and responsibilities of Australian citizens.

The cost of the excursion is **\$15.00**

The class will travel by bus, departing from Golden Bay Primary School at 9.15am and returning to school at 2.40pm.

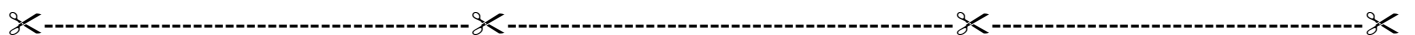
Members of the supervisory team are: Stewart Lillico and Trina Clayton.

Students will learn about Parliament by participating in an educational tour of Parliament House and engage in role-play activities on the Legislative Chamber.

Students will need to be in full school uniform and bring a hat, drink bottle and lunch with them.

Contact arrangements during the excursion: Please contact the school on 9583 8800.

Stewart Lillico	Principal	Date
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**Payment Slip – Please return to Golden Bay Primary
Parliament House Excursion**

Name: _____ Year: _____ Class: _____

Payment Options:

- ▶ Please find enclosed **\$15.00**
 - ▶ Please debit my **VISA** **MASTERCARD**
- Expiry ____/____ CCV ____

Parent / Guardian Signature: _____ Date: _____



<h2 style="margin: 0;">PARENT CONSENT FORM FOR SCHOOL EXCURSION</h2>
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If your son/daughter has special needs please provide full details and include any relevant medical details and updates to be entered on the Student Health Care Summary kept at the school.

If the proposed excursion poses any additional health risks to those identified in the Student Health Care Summary, e.g. if your child suffers from anaphylaxis, there may be risks associated with the provision of meals and storage of an adrenaline auto injector at the appropriate temperature. Please outline all current health risks below:

Contact Information		
📞 Home:	📞 Work:	📞 Mobile:
Other:		

I consent to _____ participating in an excursion to _____ on _____.

I give permission for my son/daughter to receive medical treatment in case of emergency.

I am aware that the school and its employees are not responsible for personal injuries or property damage which may occur on an excursion, unless the school or its employees are proven to be negligent.

<p><i>Insert/attach as appropriate:</i></p> <ul style="list-style-type: none"> • Water based activities response • Travel insurance response

Parent / guardian

Date