Dear Parents/Carers,

7 October 2015

An excursion has been arranged to Taronga Zoo for students in Year 1 and 2. The excursion links with our Geography Unit - People and Places. Students will participate in a workshop about the Cammeraigal people who lived and cared for the area around the zoo. They will also learn about the Dreamtime stories associated with animals of the area. Students will have a close-up look at snakes, possums, frogs and turtles in the workshop. As well as the workshop experience students will be able to explore other parts of the zoo with their teacher.

Students will need to bring recess and lunch on the day. Sunscreen, hat and water as well as school uniform are required. Make sure your child is wearing sensible, comfortable footwear.

Students will be travelling to and from the zoo by bus and need to be at school by 8.45am. The bus will return by 3.15pm.

WHERE: Taronga Zoo Museum
WHEN: Tuesday, 24 November
COST: $30
PAYMENT/PERMISSION DUE BY ** Friday, 13 November **

** Please note Taronga Zoo requires the number of students attending therefore NO late payments can be accepted after this date.

Please pay online by logging onto the Harcourt Public School website - www.harcourt-p.schools.nsw.edu.au. Click on “Make a Payment” and follow the prompts to make a payment with Visa or Mastercard. Name the event for which you are paying. The permission note should be returned in an envelope to the school office. Otherwise you can pay by cash at the school office and put the note and the money in an envelope and place in the box at the school office.

Keren Edgerton (Relieving Principal) Julie Vidgen (Organising Teacher)

PERMISSION AND EMERGENCY INFORMATION

I give permission for my child ___________________________ of class ___________________ to attend the excursion to Taronga Zoo on Tuesday, 24th November. I understand students will be travelling by bus.

I have paid $______ on-line - receipt number __________ OR I enclose $___ as payment

Please tick ONE box

My work phone is _______________ My home phone is _______________ My mobile is _______________

If I cannot be contacted please contact:
1. Name ___________________________ Phone ___________________________
2. Name ___________________________ Phone ___________________________

My child has the following special needs: (please list illnesses/special needs and required treatment)

________________________________________

Signed: ___________________________ (Parent/Carer) Date: ___/___/2015

This information is required to ensure your child’s safety and wellbeing. It will be securely stored and treated in strict confidence and used for no other purpose than stated.