



ACT
Government

Education and Training

Chapman Primary School

Perry Drive Chapman ACT 2611
Telephone: 6205 7300 Fax: 6205 7307
e-mail: school.information@chapmanps.act.edu.au
ABN: 48 529 566 431



"Achieving Excellence Together"

5/6 Excursion –Mr Stink at the Canberra Theatre

The hilarious story from David Walliams bursts from the page to the stage for a perfect literacy and civics link. Mr Stink provides a number of teaching and learning opportunities around social justice, empathy, prejudice, politics and family relationships in a delightful, heart-warming story.

Students will be inspired to explore the vibrant characterisations in the story and relate it to their own experiences. Mr Stink thanks Chloe for her "unimaginable kindness". What does it mean to be kind? How do you show kindness?

5/6 will be studying this book in class and it is an excellent opportunity to experience a production before putting on our own performance of Annie in Term 3.

Please return permission notes and payments ASAP. If you require additional time for payment please speak to your child's teacher.

Venue	Canberra Theatre
Date	Friday 21st July 2017 (Week 1, Term 3)
Time	12:00- 2:30pm
Accompanying teachers	Roz Mitchell, Dean Howell, Buddy Weddell, Kristy Williamson, Bek Lane, Jackalyn Herrick and Nicki Johannes
Cost	\$16.50- <u>I have paid</u> my child's Program Requirements \$22.50- <u>I have not paid</u> my child's Program Requirements
Departure	Depart 12:00pm Return 2:30pm
Transport	Bus

The school has made every effort to keep costs for this activity at a reasonable level. The school requests parents and carers to make a **voluntary** financial contribution towards meeting the cost of your child's participation in this program/camp/excursion.

We have an equity fund, which can be used to provide financial assistance for students where parents are unable to make the requested contribution. If however there is insufficient total funding available to meet the cost of the program/camp/excursion, regrettably we may not be able to proceed. Please contact the front office if you would like financial assistance for your child/children.

The Excursion and Travel Policy 2013 states that the contributions to excursions are voluntary in nature and that students will not be excluded from activities due to non-payment of voluntary contributions. Individual records of contributions are confidential.

All students attending an excursion **must** have a current Excursion Medical Permission note completed. If the information that you provided on your child's 2017 Excursion Medical Information form has changed since the beginning of this year (eg medications) please complete a new form for your child prior to this excursion. The Excursion Medical form is available from the school website or at the front office.

In the case of an emergency on the day of this excursion please contact the school on 62057300

Please complete the permission note attached and return to school by Friday 30th June 2017 (Week 10)

Thank you, 5/6 Team

Year 5/6 Excursion – Canberra Theatre Mr Stink

Permission note

I give permission for my child in class to attend the 5/6 Excursion to the Canberra Theatre for the performance of Mr Stink.

Date	Friday 21st July 2017 (Week 1, Term 3)
Venue	The Canberra Theatre
Time	12:00- 2:30pm

- I have paid my child's program requirements and include a payment of \$16.50
- I have NOT paid my child's program requirements and include a payment of \$22.50

Staff accompanying the students on the excursion will take all reasonable care while the students are in their care to protect them from injury and to control and supervise their behaviour. Parents should be aware that staff members are not responsible for injuries or damage to property that may occur on an excursion where, in all circumstances, staff have not been negligent.

- My child understands that if she/he makes inappropriate choices of behaviour, he/she may have to be returned to school. (*Please discuss this with your child.*)

I agree to my child being under the authority of the school for the duration of this excursion. I authorise the teacher in charge to make any arrangements, medical or otherwise, necessary for the welfare of my child and agree to meet any costs incurred. This may include the cost of returning the child home.

I am aware that free ambulance transport applies in the ACT.
I have read, understand and agree to all the information contained in this letter.

Signature of Parent:.....Name of Parent:

Parent Phone Contact for the day of excursion:

PAYMENT BY: Cash () Cheque () Credit Card () ONLINE ()

Online Code: MRSTINK

PLEASE MAKE CHEQUES PAYABLE TO: **CHAPMAN PRIMARY SCHOOL**

For Credit Card Use Only

Please debit my Credit Card Account No:

_____ Expiry Date: ____/____

- Visa MasterCard

With the amount of \$ _____: _____ payable to Chapman Primary School

Card holder's name: _____

Card holder's signature: _____