



Chapman Primary School

Perry Drive Chapman ACT 2611
Telephone: 61422400
e-mail: school.information@chapmanps.act.edu.au
ABN: 48 529 566 431



"Achieving Excellence Together"

Year 4 Safe Cycle Program

9th April 2018

Dear Parents / Carer

As you may be aware, your child has been participating in the Year 4 Safe Cycle Program. The final lesson in this program involves the students participating in a community ride. This lesson is intended to give students the opportunity to apply the skills covered through the Safe Cycle Program in a 'real' situation. Teachers, students and community members will map out the safest route using google maps prior to the commencement of the ride. All parents are welcome to attend and accompany the students.

We will be stopping at Rivett shops as part of the ride. Students are allowed to but their own ice cream. Children are not to bring more than \$5 to spend

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| Venue | Chapman community bike paths & Rivett Shops |
| Date | Friday 13th April, 2018 |
| Time | 1.20pm to 3.00pm |
| Accompanying teacher | Kat Tirzins, Rheannon Gibbs and Dean Howell |
| Cost | Free |

All students will require a bike and helmet. Students who do not have access to a bike at home may be able to use the school bikes and helmets. This depends on numbers. If we don't have enough bikes and scooters some children will have to stay at school with another year level. Please indicate if you would like to accompany the class on the ride. All bikes will be safety checked prior to the ride.

In the case of an emergency on the day of this excursion please contact the school on 6142 2400

The Year 4 Teachers (Kat Tirzins, Dean Howell and Rheannon Gibbs)

Please complete the attached permission note and return to the year 4 teachers by Thursday 11th April.



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CHAPMAN PRIMARY SCHOOL

Permission note

I give permission for my child in class to participate in the Safe Cycle community ride.

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| Date | Friday 13 April, 2018 |
| Venue | Chapman community bicycle paths & Rivett Shops |
| Time | 1.20pm to 3.00pm |

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:

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| <p>I will be accompanying the class on the community ride. No/Yes</p> <p>I agree to my son/daughter to being photographed or recorded for media purposes. No/Yes</p> <p>I agree to my son/daughter purchasing an ice block from Rivett shops. No/Yes</p> |
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