



# Chapman Primary School

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*"Achieving Excellence Together"*

## Preschool Excursion – Canberra Museum And Gallery

Venue	<b>Canberra Museum And Gallery</b>
Date	<b>Monday 30<sup>th</sup> October 2017</b>
Time	<b>9:30am – 1:00pm</b>
Accompanying teachers	<b>Paola Tulley, Tanya Waters, Amelia Doering, Sue Patterson</b>
Cost	<b>\$7</b>
Departure and Return	<b>Depart 9:30am Return 1:00pm</b>
Transport	<b>Bus</b>

**The above costs include admission to Canberra Museum And Gallery and bus travel.**

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 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 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. Please complete a form for your child prior to this excursion.

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 19 October 2017**

Thank you,  
The Preschool team

**Preschool Excursion - Canberra Museum And Gallery**

**Permission note**

I give permission for my child ..... in class ..... to attend

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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 your child home.

Please be advised that free ambulance transport does not apply for preschool children in the ACT.

**I enclose the payment of \$7**

Payment by: Cash ( ) ONLINE ( ) Online Code: **CMAG**

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: .....

**Please let your preschool teacher know if you are able to help on the excursion**

I \_\_\_\_\_ will be available to help with the excursion to the Canberra Museum And Gallery on Monday 30<sup>th</sup> October 2017.

Signed \_\_\_\_\_