

HALLAM PRIMARY SCHOOL EXCURSION FORM

WALK/BUS/TRAIN/CYCLE

PARENT COPY

Dear Parent/Guardian

The following details refer to an excursion in which your son/daughter is being asked to participate.

Activity: Excursion Date: Wednesday 1st November, 2017

Venue: Melbourne Shrine of Remembrance and Botanical Gardens: Spirit of ANZAC Program Cost: \$0

Mode/s of Travel: Bus

Point of Assembly: Classroom Departure: 9.15am

Point of Dismissal: Classroom Return Time: 3.00pm

FULL SCHOOL UNIFORM MUST BE WORN

Signature of Teacher in Charge: _____ Date: ___/___/___

Please sign forms below and return immediately to the Teacher In Charge.

Where withdrawal from the excursion incurs a cost to the school, no refund will be available.

EXCURSION –BUS

EXCURSION COPY (RETURN TO SCHOOL)

I give permission for my son/daughter _____ of _____

to attend the Year 5/6 visit to the Melbourne Shrine of Remembrance and Botanical Gardens: Spirit of ANZAC Program.

I authorize the teacher in charge of the excursion to consent, where it is impracticable to communicate with me, to my child's receiving such medical or surgical treatment as deemed necessary.

EMERGENCY CONTACTS:

NAME: _____ PHONE: _____

or NAME: _____ PHONE: _____

Doctor's Name and phone number: _____

Details of allergies or any other medical information which may need to be known in an emergency:

Ambulance Fund YES / NO Signed: Parent/Guardian: _____ Date ___/___/___

EXCURSION –BUS

EXCURSION COPY (OFFICE COPY)

I give permission for my son/daughter _____ of _____

to attend the Year 5/6 visit to the Melbourne Shrine of Remembrance and Botanical Gardens: Spirit of ANZAC Program.

I authorize the teacher in charge of the excursion to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as deemed necessary.

EMERGENCY CONTACTS:

NAME: _____ PHONE: _____

or NAME: _____ PHONE: _____

Doctor's Name and phone number: _____

Details of allergies or any other medical information which may need to be known in an emergency:

Ambulance Fund YES / NO Signed: Parent/Guardian: _____ Date ___/___/___

BOTH SECTIONS MUST BE COMPLETED, SIGNED AND RETURNED



Year 5/6 Excursion
Melbourne Shrine of Remembrance: Spirit of ANZAC Program
Wednesday 1st November, 2017
9.15am – 3.00pm

Dear Parents and Guardians,

As part of the lead up to Remembrance Day, students in the 5/6 Module have been invited to take part in a **free** excursion to the Melbourne Shrine of Remembrance to participate in their 'Spirit of ANZAC' program. During this excursion, students will gain an insight into the experiences of Australian soldiers and nurses during the Great War. The tour includes the handling of various historical items to assist students in understanding what life would have been like for Victorians 100 years ago. Students will also view images and original artefacts on display in the Galleries of Remembrance and the Shrine Sanctuary to help them understand these past events and how they are commemorated today. The program will conclude with a short, non-religious service of remembrance.

On the day, students will need to bring their morning tea, lunch and water (disposable bottles only, no glass please) in a backpack, for which they will be responsible. All items must be named. All students are required to wear full school uniform and must have their wide-brimmed school hat. **Students will need to arrive at school at 8.45am for a 9.15am departure.**

This Outreach Education Program initiative is kindly supported by the Portland House Foundation. As a result, there is **no cost** for students/families for this excursion. Please return the permission slip to your child's Home Group Teacher before **9.30am on Friday 20 October 2017** to enable your child to participate in this worthwhile excursion.

Kind Regards,

Robyn Unthank
Year 5/6 Class Teacher

Julie Macfarlane
Principal



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