Year 5/6 Excursion
Melbourne Shrine of Remembrance: Spirit of ANZAC Program
Monday 29th October, 2018
9.00am – 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 9.00am 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 9.15am on Wednesday 24th October 2018 to enable your child to participate in this worthwhile excursion.

Kind Regards,

Annmarie Lambert
Year 5/6 Class Teacher

Julie Macfarlane
Principal

EXCURSION – BUS

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 authorise 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 ___/___/___

EXCURSION – BUS

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 authorise 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