



PREP EXCURSION TO CHESTERFIELD FARM



Dear Parents/Guardians,

An excursion to Chesterfield Farm has been arranged for Preps for Wednesday 2nd May 2018. The main focus of this excursion is for students to learn about how farms are sustainable, resources found on a farm, and how farm products are used in our daily life. At the farm, students will have the opportunity to look at, touch and feed a variety of farm animals. There will be a demonstration of a cow being milked, a sheep dog at work and sheep shearing.

The cost of this excursion is \$22.00 per student. Please complete the attached permission form and payment slip and return to the school with payment.

PAYMENT MUST BE MADE NO LATER THAN 9:30AM ON FRIDAY 20th APRIL 2018

Please note, no payments can be accepted after this time, as final confirmation of bookings will be made.

Please notify the classroom teachers if your child has an allergy to animals.

Louisa Carey, Jessica Farrar and Jade Forss
Prep Teachers

PREP EXCURSION: CHESTERFIELD FARM WEDNESDAY 2nd May 2018 PAYMENT DETAILS

Child's Name:

Class:

Cost of excursion: \$ 22.00

Cash

CSEF

Visa

MasterCard

(Minimum transaction \$10.00)

Card No:

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Expiry Date: ____ / ____

CCV No. _____

(Last Three digit number on back of card)

Cardholders Name: _____

Cardholders Signature: _____

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: 2/5/18

Venue: Chesterfield Farm

Cost: \$22.00

Mode/s of Travel: Bus

Point of Assembly: Classroom

Departure: 9.30am

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 Prep excursion to Chesterfield Farm.

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 COPY)

EXCURSION COPY (OFFICE COPY)

I give permission for my son/daughter _____ of _____

to attend the Prep excursion to Chesterfield Farm.

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