



BRADBURY PUBLIC SCHOOL

Jacaranda Avenue, Bradbury
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Year 2 Geography Excursion 7th May 2021

Dear Parents/Caregivers,

Year 2 children have been learning about **Features of Place**. They will be attending an excursion at Sydney Zoo, Bungaribee, Western Sydney. The children will have opportunities to view and learn about animals from all over the world in simulated natural environments.

We will be travelling by bus from school at approximately **9.10am** and will be back at school by approximately **2.30pm**. You will be required to pick up your child from school at the normal time. The cost of the excursion is \$15.00.

Children will need to;

- wear their school sport uniform on the day, including a hat.
- bring a healthy packed lunch and recess.
- bring their own reusable drink bottle with water.

Please pack their food in a small bag with their name and class clearly written on it. Children are not to bring toys, lollies or money.

If you would like your child to attend, please return the permission slip below, together with \$15.00 in a clearly labelled envelope. Parents are reminded that the envelopes can be put in the secure slot at the front office Monday to Friday mornings prior to 9.30am, or payment can be made by using our EFTPOS facilities Monday to Friday prior to 2.45pm, you can also pay using POP (online through the school website).

The final date for all payments will be Wednesday 28th April 2021.

Mrs. M. Lester
Principal
Doc 21-21

Mrs. T. Black
Organising Teacher

(Please return final payment to the office by Wednesday 28th April)

I give permission for my child _____ of class _____ to travel by coach to Sydney Zoo, Bungaribee, Western Sydney on Friday 7th May, 2021.

Please find enclosed my payment of \$15.00. I understand the price of this excursion has been kept at a minimum; therefore, no refunds can be given under any circumstances for the travel portion of the cost.

My child has a medical condition and will require medication to accompany them to the excursion. Name of medication _____ and _____ dosage _____

Emergency contact for the day: Name: _____ Number: _____

Paid online (POP) Receipt Number _____

Cash Enclosed _____

Eftpos

Signed: _____ **Parent/Caregiver:** _____