

BRADBURY PUBLIC SCHOOL

Jacaranda Avenue, Bradbury
P.O. Box 4188, Bradbury, 2560
Phone: 4625 2271 Fax: 4628 0007

Email: bradbury-p.school@det.nsw.edu.au Website: www.bradbury-p.schools.nsw.edu.au

3rd May 2019

Stage 1 Science Excursion

Dear Parents/Caregivers,

Stage 1 children have been learning about **changing weather patterns**. They will be attending an excursion at Wollongong Science Centre and Planetarium. The children will investigate and predict scientific concepts through exhibits and interactive activities. This excursion supports the learning that children have been doing in class.

We will be travelling by bus from school at **9.00am** and will be back at school by approximately **2.45pm**. You will be required to pick up your child from school at the normal time. The cost of the Excursion is \$30.00.

Year 2 will be attending the Science Centre on Monday 3rd June 2019

Year 1 will be attending the Science Centre on Wednesday 5th June 2019

Children will need to:

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

Please pack their food in a small back pack or plastic 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, together with \$30.00 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, or payment can be made by using our EFTPOS facilities, you can also pay using POP (online through the school website).

To assist you in paying for this excursion it is possible to pay in two separate payments of \$15.00

The final date for all payments will be Friday 24th May 2019.

Mrs. L. Bertie
Excursion Organiser

Stage 1
Teachers

Doc 51-19

(Please return final payment to the office by Friday 24th May 2019)

I give permission for my child _____ of class _____ to travel by coach to Wollongong Science Centre and Planetarium on Monday 3rd June OR Wednesday 5th June 2019.

Please find enclosed my **whole payment of \$30.00**. 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 _____

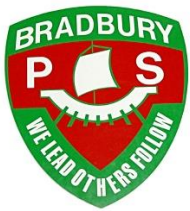
Number _____

Paid online (POP) Receipt Number _____

Cash Enclosed _____

Eftpos _____

Signed: _____ Parent/Caregiver: _____



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(Please return final payment to the office by Friday 24th May 2019)

I give permission for my child _____ of class _____ to travel by coach to Wollongong Science Centre and Planetarium on Monday 3rd June OR Wednesday 5th June 2019.

Please find enclosed my **first 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.

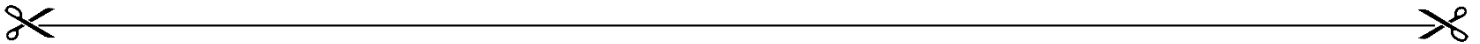
My child has a medical condition and will require medication to accompany them to the excursion. Name of medication and dosage _____

Emergency contact for the day: Name _____

Number _____

- Paid online (POP) Receipt Number _____
- Cash Enclosed _____
- Eftpos _____

Signed: _____ Parent/Caregiver: _____



(Please return final payment to the office by Friday 24th May 2019)

I give permission for my child _____ of class _____ to travel by coach to Wollongong Science Centre and Planetarium on Monday 3rd June OR Wednesday 5th June 2019.

Please find enclosed my **2nd 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: _____