



EMERTON PUBLIC SCHOOL

Hindemith Avenue Emerton NSW 2770
Phone: 9628 6367 Phone: 9628 9868 Fax: 9628 1062



Wannabees

Wannabees - Hornsby Excursion

Dear Parents and Caregivers

EDUCATIONAL OBJECTIVE	<p>Wannabees is a Family Play Town, it is a beautifully designed child size city that helps students use role-play to explore the professions of people who live in our community, in a range of different environments.</p> <p>Our school excursions focus on learning through role-play, so that students learn through first-hand experience. At Wannabees children can pretend to be fire fighters, doctors, postal workers, police officers, restaurant workers, TV stars and more! This excursion is linked to learning across various content areas including Science and Technology, Geography and English supporting students classroom learning.</p>			
VENUE	Wannabees - Hornsby			
DATE OF EXCURSION	Friday 27th September 2019			
CLASSES ATTENDING:	KL, KD & K/3 S			
PAYMENT	The cost of this excursion is \$31.00 . You can make weekly/fortnightly payments as long as full payment is made by Friday September 20th 2019 .			
PERMISSION & MEDICAL INFORMATION	Please complete and return the attached permission note including any medical information.			
DUE DATE FOR PERMISSION & PAYMENT	Friday September 20^h 2019			
TRAVEL ARRANGEMENTS	DEPART FROM	Emerton Public School	AT	7:45 am
	RETURN TO	Emerton Public School	AT	3:00pm
	TRANSPORT	We will be travelling by bus.		
REQUIREMENTS <i>(eg: full school uniform, raincoat, NO money for spending)</i>	<ul style="list-style-type: none">• Full School uniform (inc. School hat and jumper)• Enclosed shoes• Recess and lunch in back pack with child's name• Full payment must be made by due date of Friday 20th September			
CO-ORDINATING TEACHER/S	Mrs Davies & Miss Pettenon			

Mr Nathan Smith
Principal

Return to the office no later than **Friday September 20th 2019**

PERMISSION AND PAYMENT

Wannabees – KL, KD & K-3S

I give permission for my child of class

To travel by bus to Wannabees, Sydney on Friday 27th September 2019.

☐ I have enclosed payment of \$31.00

☐ I have paid online. Receipt no. _____

Parent/Caregiver signature:

Date:/...../.....

MEDICAL INFORMATION FORM

List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies and previous sporting injuries etc.) Outline the treatment for each:

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Outline special dietary requirements including possible reaction to inappropriate diet:

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Medication(s) to be administered during the excursion. Include the name of the medication, instructions for administration, time of administration, and any possible reactions:

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Name of Student: Class:

Emergency contact phone number/s: 1)

..... 2)

Name of Parent/Carer:

*Signature of Parent/Carer:

*Date:/...../.....