



**Lyneham Primary School**  
Preschool to Year 6

**National Museum of Australia**  
**Friday 1st September 2017 Kindergarten**

Dear Families and Carers,

The students in kindergarten will be attending an excursion to the National Museum of Australia on Friday 1st September 2017. We will be celebrating the finale of our Science, Technology, Engineering and Mathematics (STEM) inquiry unit by visiting the exhibition *Towers of Tomorrow with LEGO® Bricks*. This features 20 amazing 1:200 scale skyscraper models constructed over hundreds of hours. After this exhibition we will have lunch in the grounds of the museum. Students will then move to the next activity. Our History unit this term explores how the stories of families and the past can be communicated, for example through photographs, artefacts, books, oral histories, digital media, and museums. The information and interactive experiences will support children to develop knowledge, skills and understandings related to this history inquiry unit. Students will handle objects and explore the galleries to investigate artefacts.

Details:

<b>Day and Date</b>	Friday 1 <sup>st</sup> September 2017
<b>Venue</b>	The National Museum of Australia
<b>Departure Time</b>	10:45
<b>Return Time</b>	2:20pm
<b>Transport</b>	Bus
<b>Supervising Staff</b>	Vicki Favelle, Margie Green, Jess Coombes, Sarah Aulich
<b>Financial Contribution</b>	\$17.00 (includes entry, program, bus)
<b>What to bring</b>	Full school uniform, lunch

**PLEASE RETURN THE PERMISSION SLIP AND FINANCIAL CONTRIBUTION TO THE FRONT OFFICE BY Wednesday 30<sup>th</sup> August 2017.**

*"Staff accompanying students on excursion will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities. Parents should be aware that staff members are not responsible for injuries or damage to property, which may occur on an excursion where, in all circumstances, staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour."*

Please note: "It is customary for the school to request a financial contribution towards meeting the cost of your child's participation in this excursion. These contributions are voluntary. Individual records of contributions are confidential. The school has made every effort to keep the costs for this activity at a reasonable level. Please see Annamaria if you require financial assistance. "

Regards,

Kindergarten Team

Thursday 17<sup>th</sup> August 2017

Email: [info@lynehamps.act.edu.au](mailto:info@lynehamps.act.edu.au) Phone: 6205 6511 [www.lynehamps.act.edu.au](http://www.lynehamps.act.edu.au)

Fax: 6205 6510 Afters 62056514



# Lyneham Primary School

Preschool to Year 6

## Kindergarten National Museum of Australia

I give permission for my child \_\_\_\_\_ of class \_\_\_\_\_ to participate in the excursion to the National Museum of Australia on 1<sup>st</sup> September 2017. I understand that my child will be travelling by bus to and from the venue. I agree to my child taking part in the activities associated with this excursion. Does your child have any medical conditions or medication requirements that we should be aware of?

Yes  No

If yes, please provide details: \_\_\_\_\_

I have read the attached information regarding this excursion and understand what it contains.

Parent/ Carer Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I enclose the financial contribution of \$17 by the following method:

- cash
- credit card (please complete details on slip below)
- by EFTPOS at school
- by EFT – date of transfer

**Account Name:** Lyneham Primary School    **BSB:** 032-777    **Account Number:** 001543

**Reference:** kindergarten National Museum of Australia student name

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### Credit Card Payment Details

#### Kindergarten National Museum of Australia

Please complete the detail below to authorise payment for:

Student Name: \_\_\_\_\_ Class: \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_

Card Type:     Visa                       Mastercard

Card Number: 

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Expiry Date: \_\_\_/\_\_\_

Amount:    \$ \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_“