



Lyneham Primary School
Preschool to Year 6

5/6 Old Parliament House Excursion
8th June 2017

Dear Families,

As part of our learning on Democracy Year 5-6 will be attending an excursion to Old Parliament House to visit the Museum Of Australian Democracy. This excursion will include a guided tour and a role play exercise.

Details:

Day and Date	Thursday 8 th June 2017
Venue	Old Parliament House
Departure Time	11.00am
Return Time	2.00pm (approx)
Transport	Bus
Supervising Staff	Classroom teachers and Learning Support Staff
Financial Contribution	\$10 (Includes bus fare and excursion costs)
What to bring	Full school uniform

PLEASE RETURN THE PERMISSION SLIP AND FINANCIAL CONTRIBUTION TO THE FRONT

OFFICE BY

Monday 5th June 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."

Regards,
Year 5/6 Teaching Team

Email: info@lynehamps.act.edu.au Phone: 6205 6511 www.lynehamps.act.edu.au

Fax: 6205 6510 Afters 62056514



Lyneham Primary School

Preschool to Year 6

YRS 5/6 Old Parliament House Excursion

I give permission for my child _____ of class _____ to participate in the excursion to Parliament House on 8th June 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 \$10 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: Yrs 5/6 Old Parliament House Excursion and student name

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Credit Card Payment Details

YRS 5/6 OLD PARLIAMENT HOUSE EXCURSION

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: _____