

## Lyneham Primary School

Preschool to Year 6

### The Gruffalo – Canberra Theatre Centre

Monday 22<sup>nd</sup> October, 2018

Dear Families,

The students in kindergarten will be participating in an excursion to The Canberra Theatre to see 'The Gruffalo' live on stage.

Details:

<b>Day and Date</b>	22 <sup>nd</sup> October, 2018
<b>Venue</b>	The Canberra Theatre
<b>Departure Time</b>	11.45 am
<b>Return Time</b>	1.45 pm
<b>Transport</b>	Bus
<b>Supervising Staff</b>	Laura Rosier, Jessica Coombes, Vicki Favelle and Margie Green
<b>Financial Contribution</b>	\$24.00

**PLEASE RETURN THE PERMISSION SLIP AND FINANCIAL CONTRIBUTION TO THE FRONT OFFICE BY**

**Friday 28<sup>th</sup> September 2018**

*"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,

Laura Rosier, Jessica Coombes, Vicki Favelle and Margie Green

30th August 2018

## Lyneham Primary School

### Preschool to Year 6 Gruffalo – Canberra Theatre Excursion

I give permission for my child \_\_\_\_\_ of class \_\_\_\_\_ to participate in the excursion to the Canberra Theatre on 22<sup>nd</sup> October, 2018. 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 \$24 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:** Gruffalo and student name

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### Gruffalo – Canberra Theatre Excursion - Credit Card Payment Details

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: \_\_\_\_\_ Date: \_\_\_\_\_



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Preschool to Year 6