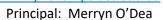


Lyneham Primary School

Preschool to Year 6

Phone: 6142 1720 info@lynehamps.act.edu.au www.lynehamps.act.edu.au





Excursion/Activity Information

Dear Parents/Carers

The information below is regarding an excursion/activity.

Name of Excursion/Activity	Lyneham High School Band Performance			
Purpose	Year 6 Transitions to High School			
Classes/Year Groups Participating	Year 6			
Date	Thursday 22 nd of June			
Location	Lyneham High School			
Time of Departure from School	10:15 am			
Time of Arrival back at School	1 pm			
Transport	Walking			
Activities	Students attending will see the performance of Wizard of Oz put on by the students in years 7 to 10 from Lyneham High.			
Financial Contribution	Nil			
Due Date	Monday 19 th of June			
Teacher in Charge	David Ferguson			
Supervising staff	Year 6 Teachers			

The school has made every effort to keep cost for this excursion at a minimum level. If necessary, parents or students can confidentially discuss support to meet the cost of the excursion with the Principal. Please contact the front office if you would like to speak with the Principal.

Staff accompanying students on excursions 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.

Merryn O'Dea Principal

Permission and Payment Note

Name of Excursion/A	ctivity: Lyneham Hi	gh School Wizard	of Oz Performance	Cost: Nil
I give permission for my chile	d	in class	to attend the Lyneham	n Primary
School excursion to Lynehar	n High School on 22 nd of	f June 2023 and will be	walking and other details	as outlined in
the Excursion/Activity Inforr	nation.			
I agree to my child participating child the need for expected beh (including medical or surgical trall medical information relevant agree that my child will be und to return my child to school or I permission for my child to trave	aviour on this excursion. I determine the excursion of the excursion of the school of the authority of the school of the at my expense if the	authorise the school to m and I agree to meet the s excursion. nool for the duration of th school considers that circ	ake arrangements for the we associated costs. I have provid e excursion and that the scho umstances warrant such actio	lfare of my child ded to the school ool is authorised
The Medical Information and there are changes to the det	ails on this form. Are th	nere any changes to thi	s form?	
Yes □ No □		Medical Information and ethrough the front off	d Consent Form is required ice).	to be
Will your child require media	cation to be administere	ed during the excursion	(e.g. allergy medication, p	ain relief)?
Yes □ No □	If yes, please comple (available through t		orisation and Administratio	n Record
Is there any additional inform	mation you need to prov	vide to support your ch	ild's participation in this ex	cursion?
Yes □ No □	If yes, please provid	e these details		
Name of Parent/Carer:				
Signature of Parent/Carer:			Date:	