



St. Mary's Primary School
 Wheelers Lane, PO Box 4141,
 Dubbo NSW 2830
 Tel: 02 6882 4790 Fax: 02 6884 4525
EXCURSION CONSENT FORM

Dear Parent/Guardian

Please note the following information regarding a school excursion: *Christmas Art Competition Workshop*

Fee, Fie, Fo, Fum! The Story of Jack and the Beanstalk/ Victoria Park visit		Relevant KLA: English/CAPA/Geography
Organiser: Macquarie Conservatorium	Staff accompanying students: Yr 1 Teachers	
Venue: Macquarie Conservatorium/ Victoria Park		Cost: \$3-please send in to school.
Transport: Bus		Dress Required: winter school uniform
Excursion Details: Students will be travelling to the Macquarie Conservatorium in Bultje St, to watch a musical about Jack and the Beanstalk. They will then walk to Victoria Park to view the many ways the Dubbo Community uses this place.		
Date Monday 28 August 10:00am	A bus will be leaving St Mary's at 9:30am and returning the children to school at approximately 12:45pm	
Consent form due Monday 28 August	Students are to bring their morning tea to have at the park. They will be taking their bags on the excursion and carrying them around the park. A de-clutter of some students bags may be a good idea! We will return to school in time for lunch, so canteen lunch orders will be possible.	

Note: It is school policy that individual students must be cooperative and follow school rules in the lead up time to excursions and sports fixtures. Failure to do so will lead to a student being excluded from the privilege of an excursion.

In case of an **emergency only** contact the school on Ph 68824790 or Mobile

Please contact the school if you require further information regarding this excursion.

Yours in Christ

Principal

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STUDENT INFORMATION

I give consent for..... from class
 to participate in the excursion to the **Macquarie Conservatorium/ Victoria Park** on Monday 28 August

Parent/Guardian name:.....Relationship.....

Address:.....

Phone: Home Work Mobile.....

Child's date of birth:.....My child is allergic to:.....

My child suffers from a medical condition / allergy that requires the following medication:

I authorise staff to obtain medical, ambulance or anaesthetic attention if it is deemed necessary.

I understand that uncooperative behaviour may lead to my child's exclusion from the excursion.

I acknowledge that, for any excursion offered by the school, my child attends at his/her own risk.

Medicare Number: on file

Private Membership Fund.....Number:.....

Signed..... Date.....

Office use only: Date excursion note/ money received / / Amount Paid \$