



BRISBANIA PUBLIC SCHOOL

"BELIEVE, PERSEVERE, SUCCEED"

1 HIGH STREET
SARATOGA NSW 2251

STAGE 2 TARONGA ZOO EXCURSION

FRIDAY 16TH OCTOBER 2015

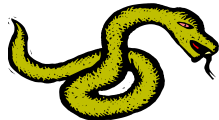


Dear Parents,

As part of our study on Aboriginal culture and the environment, we are going on an excursion to Taronga Zoo on Friday 16th October, 2015.

The students will be observing animals, as well as participating in the "Wurrungwuri" Education workshop which involves "Stories of Sydney Harbour".

On the day of the excursion we will be leaving Brisbania at **7:45am** and travelling by coach, with seatbelts, to Sydney. We will arrive back around **4.00pm**.

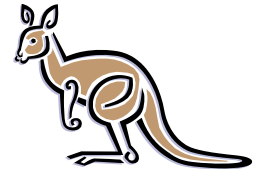


When: FRIDAY 16TH OCTOBER 2015
Where: Taronga Zoo Sydney
Why: Science Excursion
Cost: **\$38** - This includes transport, entrance into the zoo and the workshop.

Money should be returned in a school envelope ensuring the permission slip below is completed and returned. Note and Money needs to be in by Tuesday 6.10.15.

Your child will need the following on the day:-

- Wear school uniform with runners/joggers
- A school hat
- Sunscreen (applied at home)
- Recess and drink (no glass please - popper drinks are perfect)
- Lunch and drink (no glass please – all packed in a plastic bag clearly labelled – to enable easy disposal)
- A poncho or raincoat in case of rain



Parent Helpers:-If you would like to be a parent helper, please nominate on the form below. We need 8 helpers and if more than this number applies, we will draw names out of a hat. The parent helpers that will be joining us on the bus do not have to pay.

Thank you for your support.

Stage 2 Teachers

✂ ✂ ✂

REQUEST TO BE A PARENT HELPER

I would like to attend the excursion and help with a group of children.

Parent Name: _____ Childs Name: _____ Class: _____



✂ ✂ ✂

Taronga Zoo - PERMISSION SLIP

I do / do not consent to my childin class.....participating in an excursion to Taronga Zoo on Friday 16th October 2015. I understand that travel will be by a double decker coach with seatbelts.

This excursion has the approval of the school principal.

My son / daughter has the following special needs (please provide full details and include any relevant medical details)

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Emergency Contact Numbers:

.....

I give / do not give permission for my child to receive medical treatment in case of emergency.

.....

Parent/Caregiver Name

.....

Parent/caregiver signature

.....

Date