



96 Kearney Drive,  
Aspendale Gardens, 3195  
Phone: 9587 0877 Fax: 9587 0477  
Principal: Cheryle Osborne

Monday 7<sup>th</sup> September, 2015

## YEAR 1 EXCURSION TO CERES (1GD, 1AJ, 1MF, 1LF & 1KM)

Dear Parents/Guardians,

Next term in Inquiry, the Year 1 children are investigating the central idea that 'People can reduce, reuse, recycle and refuse waste'. To enrich their experiences and understandings we have planned an exciting excursion to 'CERES' community environment park in East Brunswick. Children will have the opportunity to experience our topic through an education session and various hands-on activities.

They will be handling worms and learning about their roles in the composting cycle and finding out how to reduce waste going to land fill.

The date for our excursion is **FRIDAY 16<sup>TH</sup> OCTOBER**. We will travel by bus. To make the most of the day, we will need to depart school early. Please note the following times:

<b>Children arrive at school by:</b> 8:45am	<b>Children Depart CERES at:</b> 2:15pm
<b>Bus departs school at:</b> 9:00am SHARP	<b>Bus to arrive back at school before:</b> 3:30pm

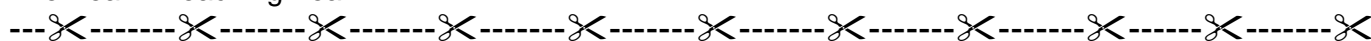
In respect of our administration procedures, and to ensure your child can attend, please ensure that the permission form is returned on time. If you have not paid the excursion levy, a payment of **\$25.00** is required. **All payments and permission forms must be finalised by Wednesday 7<sup>th</sup> October.**

Children will need to bring a snack, a full bottle of water and packed lunch in a backpack. If you are able to assist with this excursion please see your classroom teacher. Numbers of parent helpers will depend on bus spaces.

Yours Sincerely,

***Genevieve Dahlenburg, Maria Flaherty, Lauren Fraser, Anna Joyce & Kira Macleod***

The Year 1 Teaching Team



### YEAR 1 CERES EXCURSION – FRIDAY 16<sup>TH</sup> OCTOBER

I give permission for \_\_\_\_\_ Year: \_\_\_\_\_

to attend the excursion to CERES in East Brunswick on Friday 16<sup>th</sup> October.

I authorise the teacher-in-charge of the excursion to consent, where it is impractical to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Contact Phone Number on the Day: \_\_\_\_\_

I have paid the Excursion Levy  YES  NO

Enclosed Payment of: **\$25.00**  CASH  CHEQUE  QKR

BPAY Receipt # \_\_\_\_\_ **OR**

**Please debit my: VISA / MASTERCARD (Circle Appropriate) Total: \$** \_\_\_\_\_

**CREDIT CARD NUMBER** \_\_\_\_\_ **EXPIRY DATE:** \_\_\_\_ / \_\_\_\_

**Name on Card:** \_\_\_\_\_

**Signature:** \_\_\_\_\_