Dear Parent/Carer,

This term students are studying the topic ‘Moving Stories’. The unit covers concepts of culture, diversity and migration. Students also explore family stories and their cultural origins. To complement their investigation, we will be visiting the Melbourne Immigration Museum. This excursion is a valuable experience and has direct links with our classroom learning.

On this day, students will need to be in full school uniform and wearing comfortable walking shoes.

Students are required to bring their morning snack and lunch in a plastic bag with their name and grade clearly marked. NO school bags or spending money is permitted on this excursion.

Kind Regards

Leah Kotynski, Andrea Hennessey and Darryl Leech
Year 3/4 Teaching Team

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### EXCURSION PERMISSION FORM

<table>
<thead>
<tr>
<th>Where:</th>
<th>MELBOURNE IMMIGRATION MUSEUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>Thursday 3 November 2016</td>
</tr>
<tr>
<td>Departure Time:</td>
<td>9:15 am</td>
</tr>
<tr>
<td>Transport:</td>
<td>Bus</td>
</tr>
<tr>
<td>Cost:</td>
<td>$14.00</td>
</tr>
</tbody>
</table>

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**SECTION 1. GENERAL INFORMATION**

Students Name: [enter name]  
Grade: 3/4 _______

I give permission for my child to attend the excursion to *Melbourne Immigration Museum* on Thursday 3 November 2016.

In the event of illness or injury I authorise the teacher/s-in-charge of the program to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

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**SECTION 2. PAYMENT OPTION** (Please tick one)

- Cash  
  Please find enclosed $___________
- Cheque  
  Please make cheque payable to Sunshine Primary School
- BPay  
  If you have misplaced your reference number please call the office to obtain your family reference number.

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**SECTION 3. OTHER MEDICAL CONDITIONS**

Does the named student above have any of the following medical conditions? (tick boxes as applicable)

- Asthma
- Travel Sickness
- Allergy to Penicillin

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**SECTION 4. EMERGENCY CONTACT PERSON during the excursion**

Name: [enter name]

Relationship to the student: [enter relationship]

Telephone (mobile)  
Telephone (work)  
Telephone (home)

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**SECTION 5. SIGNATURE**

Full Name of Parent/Carer: [enter name]

Signature of Parent/Carer: [signature]  
Date: [enter date]

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Note: Permission forms handed in after the due date cannot be accepted, nor can we accept verbal consent.

Please complete and return this section with payment if required to your child’s teacher by Friday 21 October 2016.