EXCURSION PERMISSION FORM

Where:	**QUEEN VICTORIA MARKET**		
Date:	Thursday 11 September		
Departure Time:	10:00am	**Return Time:**	1:00pm
Transport:	Bus		
Cost:	**FREE** (Sponsored by ARDOCH)		

27 August, 2014

Dear Parent/Carer,

As part of our 'Cultures From Around The World' learning in Inquiry this term, we will be going to the Queen Victoria Market. The students will have the opportunity to explore and experience many different cultural food. They will get an allowance, kindly donated from ARDOCH, to buy food and bring back to school for our Prep Multicultural Day (2:30pm-3:30pm). Parents are more than welcome to attend this celebration.

On this day students will need to be in full school uniform including comfortable shoes.

NO school bags or spending money are permitted on this excursion. Students bags, school lunch and drink bottles will remain at school as we are not going for the full day.

If any parents or carers would like to attend, please let us know by **Monday 8 September** as we can only take a limited number of extra adults.

Kind Regards

Josh Frederick & Eve Green
Prep Teaching Team

This permission form is also available on the school website at www.sunshineps.vic.edu.au

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 to your child's teacher on or before **Monday 8 September, 2014.**

SECTION 1. GENERAL INFORMATION

Students Name: | Grade: Prep ____

I give permission for my child to attend the excursion to Queen Victoria Marker on Thursday 11 September, 2014.

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.

SECTION 2. PAYMENT OPTION (Please tick one)

O **Cash** O **Cheque** O **BPay**

Biller Code: **87361** Your **BPay** reference number **1 3 1 1 3 0**

PLEASE NOTE

If you choose to pay via BPay please remember to put your reference number in the space provided above and email the school so we can process your payment efficiently. School email address: **sunshine.ps@edumail.vic.gov.au**

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

SECTION 4. EMERGENCY CONTACT PERSON during the excursion

Name:

Relationship to the student:

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

SECTION 5. SIGNATURE

Full Name of Parent/Carer:

Signature of Parent/Carer:		Date: