

One Big Voice – Music Excursion

Date: 11 May 2017

Dear Parents

As part of our Music programme the following excursion has been planned. Please:

- **Read the details below and complete the attached form**
- **Return the consent form and cost by: Friday 16 June**

REFERENCE NUMBER

007

EXCURSION TO	Perth Arena
PURPOSE OF EXCURSION	Music festival sharing music with students from all over WA
DAY and DATE	Friday August 18 th 2017
TRANSPORT	Chartered bus from Buswest
YEAR AND FORMS	Year 5 and 6 students
DEPART/ARRIVAL at SCHOOL	Depart at the end of school 2:50pm. Students to be collected after the performance by parents/carers
COST	\$7 per student
SUPERVISION	Mrs Barker, Mr Mitchell, Staff Members
EXCURSION CONTACT NO.	Creaney Primary School 9309 31588 / 0400 663 991
REQUIREMENTS	Students will need to bring a snack in a disposable container to be eaten prior to entering the venue. A water bottle only is permitted inside. Students to be wearing correct school uniform.

If you have any queries regarding this excursion, please contact Mrs Barker.

Teacher Signature _____

Registrar Signature _____

Principal Signature _____



PARENT/GUARDIAN CONSENT

I am aware that accident or illness to my child are my responsibility and that school staff are not responsible for any loss or damage to my child's property that may occur during the course of the excursion.

I agree to inform the organisers before the scheduled excursion departure of any change to my child's health and fitness so that appropriate supervision may be arranged. I acknowledge that, should it be necessary, school staff will arrange to present my child for medical assessment.

I have read and understood the attached information regarding the excursion and give my consent for:

Child's name _____

Form _____

Reference Number **007**

I have paid by DIRECT DEPOSIT- RECEIPT NUMBER _____

**ANZ BANK
REFERENCE**

**BSB 016485 ACCOUNT NUMBER 340967445
CHILD'S SURNAME AND INITIAL AND REFERENCE NUMBER (see above)**

I have paid by CASH/CHEQUE I enclose _____

SIGNED PARENT/GUARDIAN _____ DATE _____