

## WERRINGTON PUBLIC SCHOOL

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## KINDERGARTEN FARM EXCURSION

26<sup>th</sup> April 2023

Dear Parents,

As part of Kindergarten's study of 'Living Things,' an excursion to Calmsley Hill City Farm at Abbotsbury has been organised. The date of the excursion is **Thursday, 3rd of August 2023.** Travel will be by bus.

We will be departing the school at 8:45am and returning before 3:00pm.

The cost of the excursion is \$45.00

Bus Fare \$25.00

Entry Fee \$20.00 (Includes tractor ride)

Total \$45.00

Students must wear full school uniform, including a school hat, and will be taking their school bags with them. Please pack their recess, lunch, drinks, hat and jumper in their school bag.

The children will be supervised by Mrs Broadhurst, Ms Flynn, Ms Lewis, & Mrs Namdar.



If you would like your child to attend this excursion, please complete the permission slip below and return it to the school, with the correct money, by **Friday 28**<sup>th</sup> **July 2023.** Online payments are also accepted. Payment plans for the excursion can be made with Mrs Mallia in the school office.

We look forward to enjoying a great day at Calmsley Hill City Farm.

Mrs Broadhurst	Mrs Broadhurst		Mrs Avery	
Early Stage One Assistant Principal		Principal		
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PI	ERMISSION SLIP – Kinde	ergarten Farm Excursion		
I give permission for my child Calmsley Hill City Farm on Thursday 3		in class	, to attend the excursion to	
Calmsley Hill City Farm on Thursday 3	3rd August 2023. I under	stand that travel will be b	by bus and the cost is \$45.00. I	
acknowledge that this event/activity	is required to be held in	accordance with any cur	rent NSW Health COVID-19 Public	
Health Orders and the NSW Departm	ent of Education's polici	ies and procedures. I ackr	nowledge and accept that there is a	
risk that my child may be exposed to				
not attend if displaying any symptom	is of illness, and/or if dir	ected to isolate under pu	blic health orders.	
Signed:		Date:		
Parent		7	7(7777	
Please indicate:				
☐ I have enclosed cash for the amount	of \$45.00 <b>or</b>			
□ I have made an Online payment. My			Date:	
Emergency contact phone numbers:	1 Name	Number:		
zmergency contact phone nameers.				
	2. Name:	Number:		
_	esses (include asthma, e	diabetes, epilepsy, allergi	es and previous sporting injuries etc.)	
Outline the treatment for each:				
• •	•	de the name of the medi	cation, instructions for administration,	
time of administration and any possible	e reactions:			