

ART GALLERY OF WA



Dear Parents,

ART GALLERY OF WA ART AND PHILOSOPHY DAY FOR YEAR 6 STUDENTS

ROOM NO:	Room 11
EVENT / EXCURSION NAME:	Art and Philosophy Day
PLANNED ACTIVITIES:	Students will be viewing and discussing art at the Art Gallery of WA.
SPECIAL REQUIRMENTS:	Please bring lunch in small bag (not large school bag) Morning tea provided.
SUPERVISION:	Mrs Manning and Gallery staff
DAY & DATE:	Friday June 16th
TRANSPORT:	Parents need to transport their child to the Art Gallery and meet Mrs Manning at the entrance between 9.15 - 9.30
COST:	\$25

Please complete and return the attached Parental Consent form indicating your payment method, in a clearly marked envelope (including cash/cheque if applicable) into the steel payments box at the office reception by **Wednesday 31st May.**

Please note electronic payments must be remitted on the same date of returned slips.

If you have any queries regarding this excursion please phone 9242 2726.

Kind regards

Lorraine Manning
Class Teacher/Curriculum Manager

PARENTAL CONSENT

I have read and understood the attached information regarding the Year6 /Room 11 **excursion** to art Gallery of WA on **Friday 16th June** and understand the nature of the activities proposed.

I am aware that:

- Department of Education insurance does **not** cover personal accidents through misadventure
- any costs incurred as a result of accident or illness are my responsibility and
- School staff is not responsible for any loss or damage to my child's personal property that may occur during the course of the excursion; nor loss or damage of personal belongings.
- 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.

Where it is not practical to communicate with me, I authorise the teacher in charge of the excursion/incursion/camp to consent to my child receiving such medical treatment as may be considered necessary.

If needed I can be contacted on phone number _____

Emergency Contact Mr / Mrs / Ms _____

Phone Number _____

I give my consent for my child _____ (Child's full Name) in Room _____ to participate.

My child's medical record is current Yes/No

If not, I understand an updated medical form is to be completed and handed into the front office prior to the excursion.

Student health care forms are available from the front office

Parents / Guardian Signature

Date

PAYMENT DETAILS ART GALLERY OF WA

Child's Name: _____

Room No: _____

Payment Method (Please Tick ONE):

CASH/CHEQUE - I have enclosed \$25

Please put money in a clearly marked envelope and place in the payments box in the office.

Electronic Remittance:

- Bank transfer: Yokine School Fund
BSB 066 127 A/C 0090 0206

Reference: Childs Name & Room No

- QKR Payment (Phone APP)

Deduct from Upfront Incursions/Excursion payment/account credit

(If you are unsure if you made this payment to create a credit in your child's account, please contact Michelle Vandenhelm – Manager Corporate Services on 9242 2726)