



PERMISSION TO ATTEND SEMESTER 1, 2021 ACTIVITIES

Please sign in the box next to the excursions that your child will be attending and return to your child's teacher by Friday, 12 February, 2021.



| Activity | Grades involved | Cost | Brief Description | When | Parent/Carer Signature |
|------------------------|-----------------|---------|---------------------------------------|-------------------------------------------|------------------------|
| Kimbriki | Year 1 | FREE | Eco House Tour | 3 March, 10 March & 17 March | |
| Old Schoolhouse Museum | Year 1 | \$36.00 | History "School life of the past". | 1,2 & 3 June | |
| Old Schoolhouse Museum | Year 2 | \$36.00 | History "School life of the past". | 1,2 & 3 June | |
| Harbour Bridge | Year 3 | \$33.00 | Pylon Lookout and Bridge Construction | 24 & 25 March | |
| Hyde Park Barracks | Year 4 | \$36.00 | History "What life was like". | 4SJ & 4BR 1 June 4SB, 4TT & 4VE 2 June | |
| Canberra | Year 6 | 260.00 | Canberra Visit | Monday, 7 June & Tuesday, 8 June | |
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PLEASE NOTE: THIS IS A DOUBLE SIDED FORM. PLEASE TURN FORM OVER, COMPLETE AND SIGN IN THE APPROPRIATE BOXES.

PLEASE RETURN THIS FORM SIGNED TO YOUR CHILD'S CLASS TEACHER BY FRIDAY, 12 FEBRUARY 2021 (a separate form for each child).

AVALON PUBLIC SCHOOL



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STUDENT'S NAME: _____ CLASS: _____

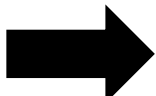
I give permission for my child to attend the excursions listed overleaf and to travel by bus where required.

I give permission for my child to receive appropriate medical treatment in case of emergency.

I give permission for my child to participate in local walking excursions eg walking to Avalon Community Centre, Avalon Beach, Barrenjoey High School, Avalon Cinema and to walk across the road to the fields.

I also give permission for my child to watch and view PG rated DVDs and videos and Digital and Multimedia resources.

I give permission for my child to be photographed for use within school documentation, our school website and the school Facebook page.

 Parent/Carer's Name: _____ Signature: _____ Date: _____

My son/daughter has the following special needs/allergies/medical considerations (please provide full details and include any relevant details).

Excursion Emergency Contact/s:

Please Print Name: _____ Phone: _____ Relationship to child: _____

Please Print Name: _____ Phone: _____ Relationship to child: _____

Please Print Name: _____ Phone: _____ Relationship to child: _____