



Seabrook Primary School

5337

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Principal: Susan Lee

9th of May 2018

Dear Parents and Guardians,

An excursion to Australian Centre for Contemporary Arts (ACCA) and the National Gallery of Victoria (NGV) has been organised for the Year 5 students as part of their next inquiry, 'The Arts are a creative expression and interpretation of the world'. The excursion to ACCA will engage students in a 'Talk, Think, Make' session focusing on the culture and arts of Mexico City. Students will also have the opportunity to attend a class self-guided tour the NGV to observe, discuss and explore other forms of artwork.

Seabrook Primary School qualifies for the 'Go Program' meaning we are lucky enough to attend this excursion free of charge.

As this is a full day excursion, students are required to bring a packed snack and lunch for the break between ACCA and NGV sessions. It is requested that students bring only what is necessary in a small backpack as there is limited storage at both venues.

Students will be required to wear their full winter uniform for the excursion. Please ensure your child is at school on time as we are leaving at 9:15am. Students should be back at school by 3pm.

Monday 4th June:	Tuesday 5th June:
5SL, 5HT, 5KP and 5SK	5CM and 5RB
Time departing Seabrook:	Time departing Seabrook:
9:15am	9:15am
Time departing ACCA:	Time departing ACCA:
2pm	2pm

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EXCURSION PERMISSION SLIP – Grade 5 Arts Excursion (ACCA and NGV)

(Please fill in and return to your child's teacher, by Friday 1st of June)

STUDENT: _____ **GRADE:** _____ **TEACHER:** _____

I hereby give permission for my child to attend the school activity mentioned above. I authorise the teacher in charge of the activity to consent where it is impracticable to communicate with me to my child receiving such medical or surgical treatment as may be deemed necessary.

CONSENT STATEMENT: Please indicate by ticking **YES** or **NO**

Does your child suffer from an allergy? **YES** _____ **NO**
(If yes, please write allergy above)

Is your child on any medication? **YES** _____ **NO**
(If yes, please write medication above)

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

Contact number in case of emergency: _____

Relationship to child: _____