



Seabrook Primary School

5337

83-105 Point Cook Road, SEABROOK 3028

P.O. Box 1143 ALTONA MEADOWS 3028

Phone: 9395 1758

Email: seabrook.ps@edumail.vic.gov.au



Principal: Susan Lee

Grade One Scienceworks Excursion Thursday the 18th or Friday the 19th of October 2018

Dear Parents / Guardians,

In line with our Unit of Inquiry for this semester, "Exploration leads to our understanding of the universe", students in Grade One will be attending Scienceworks on either Thursday the 18th or Friday the 19th of October. This excursion will support and enhance our inquiry.

At Scienceworks, our students will attend a presentation of the program "Tilt", at the Planetarium, visit the Lightning Room to view the "What's with the weather" show, in addition to spending viewing time in the General exhibition.

Group 1 1LF, 1TC, 1KA	Group 2 1MB, 1GV, 1KF, 1AD
Date: Thursday the 18th of October 2018. Venue: Scienceworks, Spotswood. Time: Depart 9.15 am, to return by 2:15 pm. Cost: \$25 per student. Transport: 2 x 48 seat buses, fitted with seatbelts.	Date: Friday the 19th of October 2018. Venue: Scienceworks, Spotswood. Time: Depart 9:15 am, to return by 2:15 pm. Cost: \$25 per student. Transport: 2x57 seat buses, 1x14 seat bus fitted with seatbelts

Payment options are cash, credit card, Qkr or CSEF

Qkr closes on Monday, 15 of October at 4pm. If paying with Qkr the permission details are filled in at the time of completion of payment. The office will be open over the holiday time for payments. Thank you

Dress: Seabrook School Uniform (No coats required as venue is under cover).

Bring: Morning snack and lunch in **separate reusable bags please**, named and labelled.

***Drinking water is available from fountains at the venue.**

We will require some parent helpers to assist with supervision of students. Please let your child's class teacher know if you are able to help on this day. As full student supervision is required, it would not be appropriate to bring younger siblings.

Please return your signed permission note and payment to school by Monday the 15th of October, 2018.

Thank you,

Mrs Jones, Mrs Baillie-Martin, Mrs Dobson, Mr Veale, Miss Asimakopoulos, Mrs Fan and Miss Fardell

Grade One Teachers



PERMISSION SLIP GRADE 1 – SCIENCEWORKS October 2018

(Please complete and return to your child's teacher by 15th of October).

STUDENT: _____

GRADE: _____

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: _____