Dear Parents

2017 EXCURSION/SPECIAL ACTIVITY FORM INDEMNITY – YEARS 3-6

In order to assist us in our organisation and to prevent you being inundated with pieces of paper we would ask you to complete the relevant permission forms below and return them to school by this FRIDAY.

1. EXCURSIONS - LOCAL EXCURSIONS
   From time to time, teachers take students on local excursions. These excursions are ones in the immediate neighbourhood of the school where walking only is involved. An approval form for 2017 is below.

2. INTER-SCHOOL SPORT - WATSONIA DISTRICT ANNUAL ATHLETIC SPORTS and CROSS COUNTRY
   To enable students to participate in the inter-school sports program, parents of students in YEARS 3, 4, 5 & 6 are asked to complete the permission form below.
   NB: Students will either walk to the venue or be taken by bus.

Thanking you
Tina King, Principal

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2017 LOCAL EXCURSIONS – YEARS 3 - 6

I give permission for my child ............................................................ in room ....... to participate in local excursions during 2017. I authorise the teacher in charge to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

Signature of Parent: .................................................... Telephone No: .............................

Name of Parent/Guardian: ............................................................................................................

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INTER-SCHOOL SPORT/SPECIAL ACTIVITY DAYS – TRAVELLING TO OTHER SCHOOLS/VENUES

I give permission for my child: ............................................................ in room ....... to participate in inter-school sport and other special activity days during 2017. I authorise the teacher in charge to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

Signature of Parent/Guardian: ............................ Telephone No: .............................

Name of Parent/Guardian: ............................................................................................................

PLEASE COMPLETE AND RETURN TO GRADE TEACHER BY MONDAY
Dear Parents

2017 LOCAL EXCURSIONS/SPECIAL ACTIVITY DAYS
INDEMNITY FOR PREP – YEAR 2 STUDENTS

From time to time, teachers take students on local excursions. These excursions are ones in the immediate neighbourhood of the school where walking only is involved. A blanket approval form is attached. Please complete this and return to your grade teacher by MONDAY.

Tina King
Principal

2017 LOCAL EXCURSIONS/SPECIAL ACTIVITY DAYS
INDEMNITY FOR PREP – YEAR 2 STUDENTS

I give permission for my child ........................................................ in room ........ to participate in local excursions and special activity days planned during 2017. I authorise the teacher in charge to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

Signature of Parent: ........................................... Telephone No: .................................

Name of Parent/Guardian: ................................................................................................

PLEASE COMPLETE AND RETURN THIS PERMISSION NOTE TO YOUR
CLASS TEACHER BY MONDAY - Thankyou