

## AH BRACKS LIBRARY

### Monday 14<sup>th</sup> August - ROOMS A1 A2 B1 & B3

Dear Parents

The following classes have an excursion planned:

Monday 14<sup>th</sup> August Rooms A1 & A2 will depart school at 8:55am and back to school at 10:35am

Monday 14<sup>th</sup> August Rooms B1 & B3 will depart school at 10:15am and back to school at 11.45am

We will be transported by bus to the AH Bracks Library. Supervision of the children will be by classroom teachers.

The total cost of the excursion is **\$7.00**. Money must be paid directly to the front office by Tuesday 8<sup>th</sup> August 2017. Our preferred method of payment would be via the **Qkr App**. Cheques should be made payable to Winthrop Primary School. If families have paid the 'up front' \$100 excursion charges it will not be necessary to send any money.

Excursions are organised as an integral part of the school's programs throughout the year. It is therefore desirable that all students participate in them. The purpose of the excursion is related directly to Literacy. This excursion will give the children an opportunity to respond to literature and to interact directly with the author.

Please complete the "Parent/Guardian Consent" form attached and return to the front office by 8<sup>th</sup> August 2017.

**School Refund Policy Excursion/School Based Activity** - School extra cost optional activities eg. Excursions/School Based Activity, camps, are undertaken by the school on a self supporting cost basis. If you have paid for an activity and your child is unable to attend, please notify the school as soon as possible. If the school has incurred a cost/s for an activity on behalf of a student this will be deducted from any refund.

Many thanks  
Class Teachers





# Winthrop Primary School

## PARENT/GUARDIAN CONSENT – AH BRACKS LIBRARY

A1 A2 B1 & B3

Year Level ..... Room No. ....

I have read and understand the information regarding AH Bracks Library on Monday 14<sup>th</sup> August 2017 and give my consent for my son/daughter ..... to attend.

(FULL NAME)

I am aware that any costs incurred as a result of accident or illness are my responsibility and that school staff are not responsible for any loss or damage to my child's personal property that may occur during the course of the excursion.

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. I acknowledge that, should it be considered necessary, school staff will arrange to present my child for medical assessment.

Signed.....Parent/Guardian Date.....

Parent Contact Phone..... Parent Mobile Phone.....

Emergency Contact Number (other than parent) (1).....(2).....

(Please Return to School Front Office)



# Winthrop Primary School

## Payment Slip

Student's Name: \_\_\_\_\_ Yr Level \_\_\_\_\_ Rm No. \_\_\_\_\_  
(FULL NAME)

Amount Payable

**AH BRACKS Library**

**\$7.00**

- Qkr App** – Preferred option
- Cash** – Correct money only, no change given or responsibility accepted for lost cash or discrepancies.
- Cheque** – made out to Winthrop Primary School, student's name & phone number on reverse.
- Paid from Student's Upfront Excursion Balance** – Please note excursion can only be paid this way if the Upfront balance is in credit.

\_\_\_\_\_ REFERENCE NO: Office use only. \_\_\_\_\_