Dear Parents / Caregivers

The Year 6 excursion to Canberra in relation to our HSIE unit, will be of 3 days duration. Cost will be $300 based on a minimum of 66 students attending. We will be travelling with Sid Fogg Coaches. The coach is fitted with lapsash seatbelts.

Dates: 
- Tuesday 27th March 2012 Drop off 6.15am sharp
- Thursday 29th March 2012 Return 7.30pm approximately

Accommodation: Gold Creek Resort
O’Hanlon Place
Nicholls
Phone: 62 413000

Supervisors: Ms A Loredo (6L), Mrs T Mullard (6M), Mr P Shearman (6S)

Cost: $300 (non refundable)

Cost Includes: Coach fare, accommodation, entry fees, GST, (food)

Does Not Include: Lunch Tuesday and evening meal Thursday

Clothing: Children will need to wear their school uniform every excursion day including Day 1. Casual clothes (no thongs) may be brought for changing into each evening. WARM CLOTHING ~ Canberra’s weather in March is unpredictable and although it should be mild to warm, it can become suddenly cold. Therefore, we suggest that you pack your child’s tracksuit as well as an additional jumper and jacket.

Cameras: Please see that your child knows how to use the camera properly. Teachers will not take responsibility for cameras or other valuables.

Pocket Money: Money will be needed for dinner / tea on the way home only.

Mobile Phones: Mobile phones and Nintendo DS or similar are not to be taken to Canberra, the school can contact Ms Loredo or Mrs Mullard or Mr Shearman during the three days.

Reminders:
1. Children are expected to display a high standard of behaviour at all times.
2. Please bring a packed lunch and recess on Tuesday morning for lunch in the park at Goulburn / Canberra.
3. Don’t forget money for tea on the way home ($10) at McDonalds, possibly Thornleigh.
4. The costing is very tight and a deposit of $100 (non refundable) will be required by Friday 24th February. Unfortunately there will be no refunds after committing to the excursion as the whole budget will be affected. If a deposit of $100 is being made, full payment is required by Wednesday 19th March 2012.

Please complete and return the attached permission slip, accident information and deposit by 22nd February. These slips and money are to be placed in an envelope, marked with your child’s name and class and returned to your child’s class teacher.

A Loredo, L Mullard, P Shearman
Organising Teachers

W Beard
Principal
Belair Public School

3 Day Canberra Excursion Tuesday 27th to Thursday 29th March 2012

Tuesday 27th March 2012

6.15am Drop off and load coach
6.30am Depart Belair Public School. Travel to Canberra, rest stops en route then travel to a suitable venue for morning tea and lunch (cut lunch and recess brought from home). After lunch proceed to Canberra.
1.00pm Australian Institute of Sport
3.00pm Parliament House
5.15pm Check in ~ Gold Creek Resort
O’Hanlon Place, Nicholls
Phone: 6241 3000
6.00pm Dinner
7.30pm National Dinosaur Museum

(Please note that times are only approximate)

Wednesday 28th March 2012

6.45am Breakfast
8.00am Electoral Education Centre
10.30am Museum of Australia
12.30pm Lunch – after lunch students will be split into two groups
1.30pm National Gallery of Australia
3.00pm Museum of Australian Democracy
5.00pm Questacon
7.00pm Dinner at Mega Bites Cafe

(Please note that times are only approximate)

Thursday 29th March 2012

7.40am Breakfast and Checkout
9.00am Australian War Memorial
12.00pm Lunch
12.30pm Return journey to Newcastle rest break en route
7.30pm→8pm approximate arrival at Belair Public School

(Please note that times are only approximate)
Belair Public School

Permission Note ~ Canberra Excursion

I give permission for my son / daughter ___________________________ of Class _____________ to take part in the Year 6 Excursion to Canberra from Tuesday 27th March to Thursday 29th March 2012, and involving travel by Sid Fogg Coaches (coach with lapshash seatbelts).

☐ Deposit enclosed $100 and returned by Friday 27th February 2012 (full payment to be made by Monday 19th March 2012)
☐ Full Cost enclosed $300 (non refundable)

Our school policy on Excursions aims to include all children at all times, so costs are kept as low as possible. Anyone experiencing financial difficulty should contact the Principal. Parents wishing to apply for Student Assistance Scheme help should do so in written form as soon as possible, (all such information is strictly confidential) please apply by Wednesday 16th February. If applications are made you will be informed of the outcome by Tuesday 22nd February.

In order that the supervising teachers are fully equipped to ensure your child is afforded the utmost attention and consideration at all times, we ask you to supply the following information.

Child’s Name ___________________________________________ Class ___________________

1. For urgent contact while away.
   Day phone number ________________ Night phone number ________________

2. Is your child allergic to PENICILLIN? YES / NO
3. Does your child suffer from any other allergies? YES / NO
   Details _____________________________________________________________________
___________________________________________________________________________

4. Does your child suffer from any illness about which the supervising teacher(s) should know? YES / NO
   Details _____________________________________________________________________
___________________________________________________________________________

5. Does your child have any special dietary requirements. If Yes please state. YES / NO
   Details _____________________________________________________________________
___________________________________________________________________________

6. Will your child require any kind of regular medication during the duration of the excursion? YES / NO
   Details _____________________________________________________________________
___________________________________________________________________________

7. In the event of illness or accident I give permission to the accompanying teacher to seek medical and / or ambulance attention on behalf of my child.

8. Medicare number ___________________________

Signed ________________________________________ Date ____________________________

(Parent / Caregiver)