



GOOD SHEPHERD PRIMARY SCHOOL

134 Hyatts Road, Plumpton 2761

Mail Address: **Locked Bag 1001 Plumpton NSW 2761**

Telephone: (02) 9836 7100 Fax: (02) 9836 7199

email: goodshepherd@parra.catholic.edu.au

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February 21, 2018

Dear Parents and Carers of Year Six Students

As part of our Human Society and Its Environment - History unit this term, Year Six students will be learning about how Australia became a nation and the changes in Australian society throughout the twentieth century. This includes the way Australia is governed. Students will have opportunities to investigate the people who shaped our nation, as well as the responsibilities of different levels and functions of government.

To facilitate this learning, Year Six will be travelling to Canberra on **Friday, March 23, 2018**. We will be leaving by coach early in the morning to visit the Parliament House, the Australian War Memorial and Questacon - The National Science and Technology Centre.

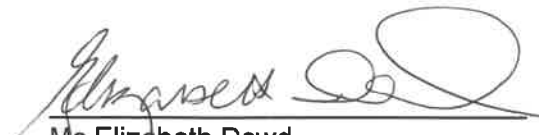
The cost for the excursion is **covered in school fees** and includes coach travel to and from Canberra, entry into sites (where applicable), lunch and dinner.

We will be departing the school on **Friday, March 23, 2018** at **6.45am** and returning at about **9.00pm**.

Your child's Permission Note and Day Excursion Medical Notification Form should be returned by Monday, March 12, 2018.

More detailed information will be sent home as the date draws closer. If you have any questions, please do not hesitate to talk to your child's teacher.

We are looking forward to sharing this wonderful learning opportunity with your child.


Ms Elizabeth Dowd
Year Six Grade Leader

YEAR 6 CANBERRA 2018 PERMISSION NOTE

I give permission for (child's name) in(class) to attend the Year Six excursion to Canberra on Friday, March 23, 2018.

Signed: _____ (Parent/Carer) Date: _____



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DAY EXCURSION MEDICAL NOTIFICATION

Student Name: _____ Class: _____

Parent/Guardian Name: _____

Address: _____

Home Phone Number: _____

Mother's Work/Mobile Phone Number: _____

Father's Work/Mobile Phone Number: _____

a) Does your child have any medical condition which you feel that teachers should be aware of?

Yes/No: _____ Details: _____

b) Does your child have any medical allergies?

Yes/No: _____ Details: _____

c) Will your child need to take medication during the excursion?

Yes/No: _____ Details: _____

d) Is there any other matter regarding your child's welfare and enjoyment of the excursion which you would feel that teachers should know?

Yes/No: _____ Details: _____

e) Does your child have any special dietary requirements for meals e.g. allergies, sensitivities, intolerances, religious beliefs?

Yes/No: _____ Details: _____

In the event of any emergency, I give the teachers of Good Shepherd Primary School my permission to seek medical attention for my child: _____

Medicare No: _____ Expiry Date: _____ and I understand that I will be notified as soon as possible.

Signature of Parent/Guardian: _____ Date: _____