



MANLY WEST PRIMARY SCHOOL

GRIFFITH STREET, BALGOWLAH 2093

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Year 2 Manly Cemetery Mini-Excursion

10th March 2022

Dear Parents,

Year Two will be visiting the Manly Cemetery on Monday, 4th April (Week 11) as part of our History unit on exploring the past and present of our local area. They will be learning about the history and significance of Sydney's fourth oldest cemetery that dates back to 1863. Students will discover the history of many of the monuments and important people as well as their stories.

The excursion will take place from 11.45am – 1.10pm and students will walk to the cemetery, crossing the road at the Hill St Pedestrian crossing. In the event of wet weather, the excursion will be postponed. No other equipment is required for the day.

Year 2 Class Teachers

Mrs Julie Organ
Principal

PERMISSION NOTE – Year 2 Manly Cemetery Excursion – RETURN TO CLASS TEACHER

Privacy Advice:

The personal information provided on this consent form will be used by the Department of Education and Training for general administration and communication and other matters of welfare relating to your child at this excursion. While the provision of this information is voluntary, it is strongly recommended that all details are completed. Failure to do so may impede the resolution of welfare issues if you are not able to be contacted. This information will be stored securely. You may access or correct any of the details at any time by contacting the school.

*I hereby consent to my child _____ in class _____ participating in **an excursion to the Manly Cemetery on Monday 4th April, 2022.** It is my responsibility to provide sunscreen for my child and to ensure that he/she understands that they need to reapply the sunscreen throughout the excursion. I am aware that some children in our school could have a severe reaction if they come in contact with nuts and will avoid sending nuts (or any bi-product) with my child. I also understand that transport to and from this event will be by foot.*

The excursion is of no cost.

Special needs of my child of which you should be aware (ie: allergies, medication).

- [] Anaphylaxis [] Asthma [] Epilepsy [] Diabetes
[] other (please state) _____
[] medication (please state) _____
[] food requirements (please state) _____

Allergies

- [] sun [] grass [] dust [] pollen [] insect bites
[] allergy to the following medication/s: _____
[] other (please state) _____

Parents should ensure that all medication and action plans for student medical conditions are current and have been supplied to the school.

SIGNATURE of PARENT/GUARDIAN **DATE**