



MANLY WEST PRIMARY SCHOOL

GRIFFITH STREET, BALGOWLAH 2093
Tel: 9948 2257, 9948 1959 Fax: 9907 0342

Year 3 Excursion to The Australian National Maritime Museum

October 19, 2022

Dear Parents/Caregivers,

As part of our History Program, Year 3 will be attending an excursion at the Australian National Maritime Museum in Darling Harbour on **Tuesday, 8th November (3E, 3H and 3W)**, and **Wednesday, 9th November (3B and 3T)**, participating in their Combined Endeavour and Navigators Program.

All students will be required to wear full sports uniform. They will need to take recess, lunch, and water in a small backpack. Travel will be by bus, which will depart at **9:00 am** sharp. Please ensure that your child is at school by **8:45am**. We will be returning to school by 3 pm.

The cost for the Maritime Museum Program and bus travel is **\$35**. Please complete the attached permission and medical note and return it to your child's class teacher.

Kind Regards,
Year 3 Teachers

Julie Organ
Principal

PERMISSION NOTE – Australian Maritime Museum History 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 Australian Maritime Museum on Tuesday November 8th (3E, 3H, 3W) or Wednesday November 9th (3B, 3T)**. 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 **bus**.*

COST OF EXCURSION \$35

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**