



MANLY WEST PRIMARY SCHOOL

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

Year 6 High School Transition/Science Day

Dear Parents/ Caregivers,

19th July 2022

The teachers have planned some special high school transition and Science activities for the students on **Monday 25th and Tuesday 26th July** here at school.

On Monday, students will participate in activity rotations designed to replicate subjects they will study in high school. Included in these rotations is a cooking class and we ask that **if your child has food allergies, please contact your child's teacher to make necessary arrangements.** On Tuesday, students will enjoy Science-based activity rotations including a Forensic Science Workshop and a Science Show.

The cost for the Forensic Science Workshop and Science Show is \$15.00 and this will be included in the Semester 2 account.

Could you please complete the attached medical and permission note and return to your child's class teacher as soon as possible.

Kind regards,
Ms Annika Vasara
Assistant Principal

Mrs Julie Organ
Principal

Mrs Siale, Mrs Gaynor, Miss Deakin, Miss Mansbridge and Mrs Havenstein

PERMISSION NOTE – Year 6 High School Transition/Science Day -- 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 the High School Transition Day (Monday 25th July) and Science Day (Tuesday 26th July) at our school. I understand that there is a cost associated with the Forensic Science Activity and the Science Show and the **cost of these activities will be included in the Semester 2 account.***

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**