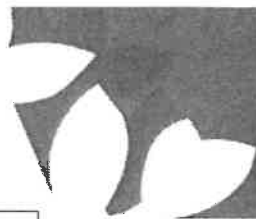




Learning Excellence Care Equity



Tuart Hill Primary School

Independent Public School

Banksia St Tuart Hill WA 6060

Ph: 9413 1360

Email: TuartHill.PS@education.wa.edu.au

Creating Bright Futures

Parent Information – Year Six Excursion to The State Theatre to watch a Bob Hawke Music

VENUE/ LOCATION:	State Theatre Centre
REASON FOR SCHOOL EXCURSION:	Watching a high school musical production
DATE(S):	Thursday 27 th October 2022
TIME:	Leave school on Bus at 10.50 am; return to school via bus at 1:45pm
COST:	Bus cost - \$8 per person Musical ticket - free
STUDENTS WILL NEED TO WEAR/BRING:	Children to wear full school uniform, closed in footwear, red school hat, named water bottle
NAMES OF ADULTS ATTENDING:	Mr Benness , Mrs Terpsis, Mrs Edwards, Ms Ghassemi

Student contact arrangements during the School Excursion Parent to ring school: **9413 1500**

Supervision to be provided by: Tuart Hill Primary School Staff

Staff action in case of accident or illness during the School Excursion Follow the State Theatre Emergency Plan

Note: I am aware that the school and its employees are not responsible for personal injuries or property damage which may occur during a school excursion, unless the school or its employees are proven to be negligent.

Consent Form - School Excursion

CONSENT FORM FOR YEAR SIX EXCURSION TO THE STATE THEATRE TO BE RETURNED SIGNED TO THE CLASS TEACHER by Thursday 20 October 2022

PAYMENT METHOD: Debit Student Account Cash EFTPOS Bank Transfer (please indicate how you have paid)

THE STUDENTS WILL BE TRAVELLING BY **HORISONS WEST BUS.**

I am aware that the school and its employees are not responsible for personal injuries or property damage which may occur on an excursion, unless the school or its employees are proven to be negligent. I agree to inform the organisers well before the scheduled excursion departure of any change to my child's health and fitness so that appropriate supervision may be arranged.

I give permission for my son/daughter to receive medical treatment in case of emergency. I am also aware that the Department of Education WA insurance doesn't cover personal accidents through misadventure nor loss or damage of personal belongings.

CONTACT INFORMATION

Home:	Work:	Mobile:
Year Level:		Room:
I have read and understood the information regarding the _____ excursion on _____ and GIVE consent for my son/daughter: _____ to attend this activity.		
Signature of parent/guardian: _____		Date _____

The following details have changed from those recorded on my child's medical information form.

- _____
- _____