



Bull Creek Primary School Parent Consent Form

Dear Parents,
The following excursion has been organised and it would be appreciated if you would read the contents carefully. Please complete the attached consent form and return it, together with any appropriate costs, to the school office.

Please remember that it is this school's policy that if money has not been received by the due date it is presumed that your child is not attending. Thank you for your support.

Activity	History excursion to the West Australian Shipwrecks Museum and lunch at Kailis Fish and Chips.	
Venue Details	WA Shipwrecks Museum and Kailis Fish and Chips in Fremantle	
Date of Excursion	29 May 2018	
Educational Purpose of Excursion	History trip to explore, discover and enhance our understanding of objects, buildings and our environment in the community and to learn what they reveal about the past.	
Supervisory Team	Susan Bolton and Wendy English	
Classes Attending	Wattle Five and Wattle Six	
Mode of Transport	Bus	
Times	Leaving School	10.15am
	Arriving at school	2.45pm
Cost per Student	\$19.00	
Payment to be made before	22 May 2018	
Requirements:eg Lunch, Uniform, etc)	We will be walking to Kailis Fish and Chips from the Shipwrecks Museum at 1.00pm to have fish and chips for lunch. This will also include a drink.	

Kind regards
Susan Bolton and Wendy English

Date: 17 May 2018

Retain the above section for your records.

.....
Return this section to school.

Home:	Work:	Mobile:
Other:		Class:

I am aware that any costs incurred as a result of accident or illness are my responsibility and that school staff are not responsible for any loss or damage to my child's personal property that may occur during the course of the excursion. I agree to inform the organisers before the scheduled excursion departure of any change to my child's health and fitness so that appropriate supervision may be arranged. I acknowledge that, should it be considered necessary, school staff will arrange to present my child for medical assessment.

I have read and understood the information regarding the _____ and give consent for my son/daughter _____ to attend.

Signature of parent/guardian: _____ **Date:** _____

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

