



Beaumont Hills Public School

The Parkway, Beaumont Hills NSW 2155

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31 July, 2019

CALMSLEY HILL CITY FARM

Dear Parent/Caregiver,

To support our work in Literacy throughout Term 3, we have planned an excursion to Calmsley Hill City Farm. In addition to experiencing a working farm, Kindergarten students will have the opportunity to go on a group tractor ride.

Venue: Calmsley Hill City Farm, Darling Street, Abbotsbury
Date: Thursday 26 September, 2019
Dress: FULL school uniform and school hat
Bus Departs School: 9.00am - sharp
Arrive back at School: 3.00pm
Cost: **\$30.00**

Students will require morning tea, lunch and water in a disposable bottle in a plastic bag that is clearly labelled with their name. This will allow all items to be thrown away after lunch. **Full school uniform with school hats must be worn.**

In order for your child to participate in this learning experience, please complete the permission note below and return it with payment to the **School Administration Office no later than Friday 16 August, 2019.**

Miss Gregory
Assistant Principal Early Stage 1

Ms Welsh
Principal

Please keep this section for your information



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Please return this section with payment to the **School Administration office no later than Friday 16 August, 2019**

BEAUMONT HILLS PUBLIC SCHOOL CALMSLEY HILL CITY FARM EXCURSION PERMISSION NOTE

I give permission for my child of class to attend the excursion to Calmsley Hill City Farm, Abbotsbury on Thursday 26 September, 2019. I understand that my child will be travelling to and from the venue by bus, the cost of the excursion is **\$30.00** and is non-refundable. Please return this section with payment to the **School Administration office no later than Friday 16 August, 2019.**

Signed: Parent/Caregiver Date:

☐ I have made a POP online payment My Receipt number is:

or

☐ Payment enclosed \$..... Cash/Cheque (please circle)

☐ I would like to volunteer to assist on the day. My daytime contact number is:.....

I understand I am required to have completed a Working With Children Check form and have shown 100 points of ID to the School Administration Office in order to assist. I understand that I will be contacted if my assistance is required.

Name: Parent/Caregiver Date:.....

Signed: