Beaumont Hills Public School

The Parkway, Beaumont Hills NSW 2155

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31 July, 2019

YEAR 3 AND 4 GIBBERAGONG ENVIRONMENTAL EDUCATION CENTRE – TERM 4

Dear Parent/Caregiver,

Year 3 & 4 are studying the HSIE Geography unit 'Features of Places'. In this unit students are investigating the natural and human features of places. To support this unit we have planned an exciting excursion to Gibberagong Environmental Education Centre. During the excursion students will engage in the natural environment and participate in a range of activities such as a nature walk, insect observations, sketching as well as learning about different habitats and how to care for places in the environment.

Date:	**Year 3**	**Monday 21, October** (including Year 3 students from 2/3R and 3/4R)
	Year 4	**Tuesday 22, October** (including Year 4 students from 3/4R and 4/5P)
Venue:	Gibberagong Environmental Education Centre, Ku-ring-gai Chase National Park	
Time:	9.00am	
Wear:	Sports uniform	
Bring:	Fruit, recess, lunch and two drinks in disposable containers	
Cost:	**$34.00**	

In order for your child to participate in this learning experience, please complete the permission note below and return it along with Term 3 Account payment to the **School Administration Office no later than Friday 16 August, 2019.**

Mr Ross
Stage 2 Relieving Assistant Principal

Ms Welsh
Principal

Please keep this section for your records

✂……..

Please return this section with Term 3 payment to the **School Administration Office no later than Friday 16 August, 2019**

BEAUMONT HILLS PUBLIC SCHOOL
YEAR 3 AND 4 GIBBERAGONG ENVIRONMENTAL EDUCATION CENTRE – TERM 4

I give permission for my child ……of class …… to attend the excursion to Gibberagong Environmental Education Centre on Monday 21 October, 2019 **(Year 3)** or Tuesday 22 October, 2019 **(Year 4).** I understand that my child will be travelling to and from the venue by bus and that the cost for the excursion is **$34.00** and non-refundable. Please return this section with Term 3 Account 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: ……