

Beaumont Hills Public School

The Parkway, Beaumont Hills NSW 2155

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25 October, 2019

YEAR 1 & 2 NSW SCHOOLHOUSE MUSEUM

Dear Parent/Caregivers,

Where:

Year 1 & 2 are studying the HSIE History unit 'Present and Past Family Life'. In this unit the students are exploring the differences and similarities between students' daily lives and life during their parents' and grandparents' childhoods. To support this unit we have planned an exciting excursion to the NSW Schoolhouse Museum to make the topic more meaningful for the students. At the museum the students have the opportunity to experience an 1880 school lesson in an authentic 19th century classroom and will participate in a variety of other activities.

NSW Schoolhouse Museum, North Ryde

| | Date: | (Year 2) Thursday 21 November 2019 including Year 2 students from 2/3A | | | | |
|--|--|--|-----------------------|-----------------|------------------------------|--|
| | | (Year 1) Friday 22 Nov | ember 2019 | | | |
| | Time: | 9.00am | | | | |
| | Wear: | Full School Uniform | | | | |
| | Bring: | Fruit, recess, lunch and | two drinks in disposa | able containers | | |
| | Cost: | \$38.00 payable on Ter | rm 4 Account | | | |
| n order for your child to participate in this learning experience, please complete the permission note below and return talong with Term 4 Account payment to the School Administration Office no later than Friday 15 November 2019. | | | | | | |
| Mr Rob Stage | oerts 1 Supervisor | | | | Ms Welsh Principal | |
| Please keep this section for your records | | | | | | |
| × | Please return this section with Term 4 payment to the School Administration Office no later than Friday 15 November 2019 | | | | | |
| BEAUMONT HILLS PUBLIC SCHOOL YEARS 1 & 2 NSW SCHOOLHOUSE MUSEUM PERMISSION NOTE | | | | | | |
| give permission for my child | | | | | | |
| Signed | : | | Parent/Caregiver | Date: | | |
| or | I have made a POP online payment | | My Receipt number | is | | |
| | Payment enclosed \$ | | Cash/Cheque | | | |
| ☐ I would like to help on the day. My daytime contact number is: | | | | | | |
| Signed | | | Parent/Caregiver | Date: | | |
| Name: | | | | | | |
| | | | | | | |