Scienceworks – Year 5/6

Friday August 19th, 2016

Dear Parents and Caregivers,

Students in year 5/6 will be travelling to Scienceworks as part of our science program this term. Students will have an opportunity to explore the science behind elite sports in the “Sportsworks” exhibition. Students will also participate in a “hands on” museum led workshop to create their own rollercoaster. They will observe the physics of energy, force and inertia as they design, test and modify their rollercoasters. Students will also measure the distance and time, find averages and calculate speed.

**When:** Friday September 9th, 2016
**Where:** Scienceworks, Spotswood
**Time:** 9.15am – depart from AVPS by bus. Return to AVPS 3pm by bus.
**What to bring:** School bag/day bag with snack, lunch, water bottle and sun smart hat.

The cost of this excursion will be $24.00. Payment for this excursion will be taken from either the annual levy of $100.00 or the quarterly instalment due at the start of this term. Students can only attend this activity/excursion if either the amount in full or this terms amount has been paid in full. You cannot pay for this activity individually. If you are having difficulty making payments or you would like to discuss a payment plan, please contact Sue or Michael.

Please return the attached permission form by no later than **Friday September 2nd, 2016**.

Regards,
Sarah Bergin, Ellen Waters and Julie Clarke
5/6 Teachers

Scienceworks – Year 5/6

I give permission for my child_________________________ in Unit____________ to attend the excursion at Scienceworks on Friday September 9th, 2016. In the event of an accident or injury I give permission for the teacher in charge (include teacher in charge’s name here in brackets), where is impractical to communicate with me, to authorise for my child to receive such medical treatment as may be deemed necessary.

I understand that my child will be travelling by bus to and from Scienceworks

Parent Name: ............................................................... Date: ...................................................
Emergency Parent Phone Number on day of activity/excursion: ..........................................................
Does your child suffer from a medical condition and/or require medication on the day of the activity/excursion? :
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