



ASCOT VALE PRIMARY SCHOOL
No. 2508

Latrobe Wildlife Sanctuary Living Water Experience - Units 1, 2 and 3 - Grades 2, 3 and 4

Friday, April 21st, 2017

Dear Parents and Caregivers,

On Friday May 12th at 9:30 as a complement to our Term 1 Science focus on Foodwebs, the Grade 2s, 3s and 4s from Units 1, 2 and 3 will be travelling by bus to the Latrobe Wildlife Sanctuary in Bundoora to participate in hands on activities based around the topic *Living Water*. The *Living Water* experience allows students to explore the extensive network of wetlands where they will use nets to capture new and interesting creatures that have unusual shapes and fascinating ways of moving. They will compare the intricate structures of a wide variety of animals and experience their habitats.

Children need to bring their playlunch, lunch and drinks, and are encouraged to use recyclable containers as all waste will be brought back to school. Dress needs to be appropriate for the weather conditions on the day. The cost of this excursion will be \$25.00. Payment for this excursion will be taken from either the annual levy of \$100.00 or the quarterly instalment due at the start of the term. Students can only attend this excursion if either the amount in full or the term's 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 May 5th**.

Regards

Jude, Rebecca and Bev and Poppy

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Latrobe Living Water Experience

I give permission for my child _____ in Unit _____ to attend the Latrobe Living Water Experience at Latrobe University, Bundoora on 12/05/2017. In the event of an accident or injury I give permission for the teacher in charge (Jude Wigley where it 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 the excursion.

Parent Name:

Parent Signature..... 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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