October 2013

# Ricketts Point Excursion

Dear Parents/Guardians,

Our Inquiry Unit this term is 'Under the Sea'. We have been developing more scientific understandings of animal and plant life in marine environments, marine habitats and ecology. To help the children with their understanding of this topic, Grades 1 and 2 will be visiting **Ricketts Point Marine Sanctuary on Wednesday 13th November 2013.** The excursion will involve a number of exploration activities, games and, with its rock pools close to shore, Ricketts Point is the perfect place to introduce children to the wonder of Victoria's underwater marine life.

The children will be required to bring their playlunch and lunch in **separate, labelled, disposable** bags and two drinks in **disposable plastic** bottles/containers. Children should dress in safe, warm, comfortable attire as appropriate for the weather (and possible changing conditions) on the day.

We will be leaving the school at 10.30am and return to school by approx. 3.15pm.

If you are participating in the 2013 Excursion Payment Scheme, all you need to do is sign the attached form and return to class teacher. If you are not participating in the 2013 Excursion Payment scheme, the cost of the excursion is $, to cover the cost of the bus.

Please fill in the permission slip and return to your class teacher by **Monday 11th of November 2013.**

Regards

Level 2 Teachers                                                                 Glenn Butler
                                                                                          Principal
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## Ricketts Point Excursion

Please tear off and return with payment to your child's class teacher by Friday 11th November 2013

I give permission for my child _____ of grade _____ to

attend the excursion to **Ricketts Point, on Wednesday 13th November 2013.**

☐    I enclose $10.00 being payment for transport and admission.

☐    I am participating in the Excursion Payment Scheme.

In case of an accident, I authorise the teacher in charge to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

Signed _____ Date _____

Name _____ Contact number on this day_____

Name _____ Emergency number on this day_____

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