## **ROCKY RIVER PUBLIC SCHOOL**



Rocky River Public School 354 Thunderbolt's Way URALLA NSW 2358

Phone: 02 6778 4122 | Email: rockyriver-p.school@det.nsw.edu.au

#### **Upper Division Major Excursion**

Monday 9<sup>th</sup> to Wednesday 11<sup>th</sup> September 2024 Expression of Interest

Thursday 29th February 2024

Dear Parents and Carers,

We have commenced organising an excursion to the Coffs Coast Adventure Centre for students in Upper Division, leaving Uralla on Monday 9<sup>th</sup> September and returning on Wednesday 11<sup>th</sup> September 2024. <a href="https://coffscoastadventurecentre.com.au/">https://coffscoastadventurecentre.com.au/</a>

This excursion is open to all students form Years 3-6 and has been planned to supplement curriculum content in our classrooms.

We are still in our early days of planning however, we have confirmed our accommodation, meals and transport for the excursion. This camp is designed especially for students from small schools. Students from our Thunderbolt Alliance Schools (Kentucky, Kelly's Plains and Kingstown) are also attending this same camp. A final schedule will be developed closer to the time however, for us to continue planning, we need to confirm the exact number of students who will be attending the excursion.

The total cost will be \$380 per student. This will include all travel, workshops, activities and meals. For the excursion to go ahead, we will need a strong number of students who are interested in attending, otherwise it will not be feasible.

Should you wish for your child to attend the excursion, please complete the expression of interest slip attached and return it with a \$50 non-refundable deposit per student no later than Thursday 28<sup>th</sup> March.

This is a wonderful opportunity for our students, if you have any questions regarding the excursion, please contact me at the school.

Brad Hunt

Principal

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# UPPER DIVISION EXCURSION – COFFS COAST ADVENTURE CENTRE

#### **Expression of Interest**

Please return this note along with payment by Thursday 28th March

I wish to advise that my child/ren will be attending the excursion to the Coffs Coast Adventure Centre from 9<sup>th</sup> to 11<sup>th</sup> September 2024.

My childs name/s:

| [ ]                   | I have paid the \$50 deposit per student to secure my child/ren's place for this excursion and understand that the total cost of this excursion is \$380 per student. |
|-----------------------|---|
| [ ]                   | I have enclosed \$50 cash / cheque  |
| [ ]                   | I have paid via the School Bytes online parent portal.  |
| Name of Parent/Carer: |   |
| Date:                 |   |
| Signature:            |   |

If you haven't already registered with the online Parent Payment Portal please go to the following link.

https://portal.schoolbytes.education/auth/login

If you have any issues accessing this portal please contact Anne in the office.