

KAPINARA PRIMARY SCHOOL



Catesby Street, City Beach WA 6015
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www.kapinaraps.wa.edu.au

*Kindness, Consideration
and Service for Others*

EXCURSION TO:

DATE: Friday 6 April

TIME: 9.00 am **Returning:** 11.30am

VENUE: Cambridge Council Offices

TRANSPORT: Bus with seatbelts

REASON FOR EXCURSION: To promote understanding of local Government

YEAR GROUP ATTENDING: Year 4

SPECIAL REQUIREMENTS: Nil

STAFF ATTENDING: Mrs Powell, Mrs Berry

COST: \$7.00 will be added to your term account

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Please sign and return this portion of the permission slip to your class teacher

I have read and understood the information regarding the excursion to Cambridge Council Office on 6 April 2018 and verify the confidential details relating to my child's address, telephone number, and doctor, medical details, allergies and medication are unchanged from the information provided to the school. If you are uncertain that the information we have to date may not be current, please contact the school. I consent to _____ participating in this excursion, and I understand that transport will be to *venue* by bus.

I am aware that the school and its employees are not responsible for personal injuries or property damage which may occur on an excursion, unless the school or its employees are proven to be negligent.

Where it is not practical to communicate with me, I authorise the teacher in charge of the excursion to consent to my child receiving medical treatment as may be considered necessary. I am aware that the Department of Education insurance does not cover personal accidents through misadventure nor loss of personal belongings

Parent signature _____

Date _____