

## WARNERS BAY



QUALITY EDUCATION FOR ALL

## **Excursion Letter to Parents/Caregivers**

Dear Parent/Caregiver, an excursion/activity has been organised for your child.

Excursion/Activity	Awabakal Education Centre	
Excursion Description	Year 11 Biology will be attending the Awabakal Edu Assessment Task One.	cation Centre. Students will be required to complete field work to gather data for
Faculty	Science	
Date(s)	Tuesday 26/03/2024 9:00am - 2:30pm	
Venue	Awabakal Environmental Education Centre	
Students/Class	Year 11 Biology	
Cost of excursion	\$42.00	
Transport	Students will be travelling by bus.	
Supervision	Teegan Ling, Sandra Robinson, Mitchell Turner, Ph	ebe Jennings
Please bring	Pens, Work Booklet and Clip Board	
Students must wear	Full School Sports Uniform	
Food	Please bring recess and lunch. No facilities to purch	ase food will be available.
Additional information	N/A	
	<u>Teegan Ling</u> Teacher in charge	Marcus Neale Principal  Mule
other school activity. Parents and sport associations when deciding Government, covers any injury ret Note: Extra/co-curricular excursions school expectations for participations.	caregivers are advised to assess the level and extent of the whether additional cover, above that provided by Medicare, sulting in the permanent loss of a prescribed faculty or the unis/activities are a privilege which provide students with an con in learning and/or behaviour may not be allowed to partic	portunity to further develop knowledge and skills learnt in class. Students who do not meet
Excursion: Awabakal E Date: Tuesday 26/03/20 Return this portion to the		Faculty: Scie Cost of Excursion: \$42
☐ I give permission for my chil	d	of Year to attend the excursion/activity above.
My child's medical details h	ave <b>NOT</b> changed.	
My child's medical details H. when their child's medical de		tached.Note: It is the responsibility of the parent/caregiver to notify the school
Payment Method (Payment n	nust accompany this permission form):	
Cash / Cheque:\$	enclosed Online payment: Amount paid: \$	Receipt number
Signed	(Parent/Caregiver) Date	