6 October 2015

Dear Year 6 Parents,

**YEAR 6 CANBERRA EXCURSION**

In order to enhance the children’s studies in Human Society and Its Environment, we have arranged a 2 day - 1 night excursion to Canberra in Week 5 of Term 4.

During our visit the main focus will be the study of Federal Government. To do so we will visit Parliament House and the Electoral Education Centre, which is highly useful in developing the students’ understandings of Federal Government – particularly how preferential voting works.

Other planned visits are the Australian War Memorial, The Australian Institute of Sport, and Questacon.

**WHEN:** Term 4, Thursday 5 November 2015 - Friday 6 November 2015.

**COSTING:**
The Australian Government offers an “Educational Travel Rebate” to schools who apply and meet particular requirements. This involves many aspects; one requirement includes participating in a variety of special education programs to help students gain a better understanding of our history, culture, heritage and democracy.

To assist you in meeting the cost of the excursion the Australian Government is contributing the funding under the Parliament and Civics Education Rebate (PACER) program towards the travel expenses incurred if we meet particular requirements.

Our school has applied for the rebate of $20.00 per student towards the cost of the excursion and therefore have deducted this from the cost.

**COST:** Cost per child for this excursion is $150.00, which is now included on the Term 3 school fees. This cost includes coach travel, one night’s accommodation at Canberra Ibis Styles Eagle Hawk, meals (1 x dinner, 1 x breakfast, 1 x lunch) and entry into all the attractions.

**PAYMENT:**
Final payment of your school fees should be made by Friday 23 October. If you are paying your school fees via instalments, please make sure you have paid $150.00 before Friday 23 October (Week 3 Term 4).

If you have any difficulty with payments, please contact Mr Michael Siciliano as soon as possible.

Yours sincerely,

*Mrs Kimberley Mathewson, Mrs Rachel Paine and Miss Maryanne McNally*

*Year 6 Teachers*
YEAR 6 CANBERRA EXCURSION

Permission note:
I hereby consent for my child _________________________ to participate in the Excursion to Canberra on Thursday 5 November – Friday 6 November 2015 involving bus travel.

Consent for Medical Attention
I, _____________________________________ the undersigned being the Parent/Guardian of ___________________________ give permission for my child to access whatever medical attention, including ambulance travel, necessary in case of sudden illness/accident. This medical consent is given to St Mary MacKillop Teachers for the duration of the Canberra Excursion 5 November - 6 November 2015. I understand I will be contacted as soon as possible should this permission be used.

Health/Medication Information
Name: _____________________________________
Address: _____________________________________
Emergency Phone No.: _________________________
Medicare Card No: ___________________________

Please put down any information that would be of assistance to the teachers who are taking the children on the Year Six Canberra Excursion.

1. Allergies:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. Illness:
Any special illness your child may have which teachers should be aware of.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. Medication
Does your child take any course of pills or medication that teacher would need to check every day? (including travel sickness tablets).
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. Any further information that you think teachers should know. (eg. in case of minor headaches/cuts etc. what medication, if any, is there that your child SHOULD NOT have.)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

5. Any dietary requirements: (ie: allergies, gluten free etc.,)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signed: _____________________________
Parent/Guardian