



# Matthew Pearce Public School

Astoria Park Road, Baulkham Hills NSW 2153

Ph: 9624 3311 Fax: 9838 8520

Wednesday 27<sup>th</sup> March, 2019

## Year 4 Excursion To Wentworth Falls

Dear Parents,

Year 4 students will have the opportunity to attend a whole day excursion, travelling by bus, to Wentworth Falls in The Blue Mountains. This excursion has been planned to supplement our Geography and Visual Art units of work that focus on our natural environment.

On Tuesday 28<sup>th</sup> May, 2019 classes **4FL**, **4TB** and **4A** will be attending this excursion. Classes **4H**, **4R** and **4C** will attend this excursion on Tuesday 4<sup>th</sup> June. Both excursion dates have an identical itinerary.

The cost of the excursion is \$38.50, which includes \$19.50 for bus travel and \$19 for a Guided Discovery Walk at Wentworth Falls. This amount must be paid prior to your child's attendance. The attached permission note and money must be **returned to your child's class teacher by Friday 24<sup>th</sup> May, 2019.**

Payment **prior** to the excursion is required. Students will be **unable** to participate if permission note and payment **have not** been received **prior** to the excursion.

Online payments can be made via our school website and the receipt number should be included on the permission note in the space provided.

Parents and caregivers who are unable to meet all or part of the expenses associated with this excursion are advised that financial assistance is available in the form of delayed or part payment or from funds from a school source. Requests should be directed to the principal by phone, letter or in person

Students are to meet their teacher in their classroom by 8.00am and will depart promptly from Matthew Pearce Public School at 8.30am. Students will return to school before the end of the school day. Unfortunately, the groups will be **unable to wait for students who arrive after 8.30am.**

### Wear:

MPPS sports uniform, joggers, MPPS school hat, wear sunscreen and bring gloves and a beanie in case it is cold.

### Bring:

A small backpack, minimum of 1 litre water for the walk, lunch and afternoon recess, healthy snacks, raincoat, beanie and gloves and a plastic bag for rubbish – as the only thing we leave behind are our footprints!!!

Students will not have the opportunity to spend, so it is unnecessary for them to carry any money. Please remember that whatever students bring they will have to carry.

Attending staff have emergency care and resuscitation training. The Discovery Rangers guiding the walk all have first aid certificates. Each group of 25 students is accompanied on the walk by a MPPS staff member and a Discovery Ranger. Accompanying staff members are: Mrs Folkard, Miss Lyons, Mrs Thomas, Mrs Rogers, Mrs Harragon, Miss Armitage and Mr Clarke.

Behavioural and safety expectations will be explained and reinforced with students prior to and throughout this excursion.

Sincerely,

Mrs Michelle Rogers  
Excursion Coordinator  
Year 4 Classroom Teacher

Mrs Kim Fawcett  
Principal

Web: [www.mattpearce-p.schools.nsw.edu.au](http://www.mattpearce-p.schools.nsw.edu.au)

Email: [mattpearce-p.school@det.nsw.edu.au](mailto:mattpearce-p.school@det.nsw.edu.au)



**WENTWORTH FALLS PERMISSION NOTE**

I give / do not give my permission for my child \_\_\_\_\_  
of class \_\_\_\_\_ to attend the Wentworth Falls excursion on Tuesday 28<sup>th</sup> May for students  
in 4FL, 4TB and 4A or Tuesday 4<sup>th</sup> June for 4H, 4R and 4C.

I have included the amount of \$38.50

I have made online payment in the amount of \_\_\_\_\_.

My receipt number is \_\_\_\_\_

My son / daughter has the following special needs (please provide full details and include any relevant medical details on the *Medical information form* below)

**Medical Information Form**

I confirm that I have supplied the school with parent, doctor and emergency contact details earlier in the year. Any personal information previously provided, can be altered at any time by contacting the school office.

Student Name: ..... Class .....

*List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies etc.). Outline the treatment for each.*

.....  
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*Outline special dietary needs including possible reaction to inappropriate diet*

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*Medication(s) to be administered during the excursion. Include name of medication, instructions for administration, time of administration, and any possible reactions*

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Emergency contact Phone No for days listed: .....

Signature..... Date.....

I give permission for my child to receive medical treatment in case of emergency.

I do not give permission for my child to receive medical treatment in case of emergency.

Signed .....(Parent / Guardian)      Date .....