



Gooseberry Hill Primary School

Excursion Permission Slip

WITCHES PLAY

Description of Activities: Students will watch the Roald Dahl play Witches and participate in a Q&A with the cast. We will also have an end of year lunch and outdoor activities at Tomato Lake following the play.

Student Requirements: Recess, lunch, water bottle and hat.

Date: Thursday 5 December 2019

Depart Time: 9:15am

Return Time: 2:50pm

Class: Rooms 6, 7, 8, 9 & 10

Cost: \$8.00

Transport: Bus

Venue: Belmont City College & Tomato Lake

Staff Attending: Mrs Stevens, Miss Tapscott, Mrs Taylor, Ms Dunlop, Miss Richards and Miss Russell.

Please Note: Students who have not returned a signed consent form will not be able to participate in this excursion

Matthew Snell
Principal



WITCHES PLAY

Parent/Guardian Consent

I give consent for my child _____ (full name) Room _____ to attend this excursion. I understand the nature of the activities proposed and give staff permission to consent to any emergency medical treatment considered necessary. I am also aware that normal school rules apply and the Education Department insurance does not cover loss or damage of personal belongings.

Name of Guardian _____ Contact No: _____

The following details have changed from those recorded on my child's Student Health Form:

I am able to assist on this excursion: Yes/No (please circle)

Signed: _____ Date: _____

WITCHES PAY

Full name of student _____ Room _____

Payment \$ _____ which is full payment for the excursion via

Cash Cheque Prepaid

EFT deposit Gooseberry Hill Primary School BSB 066-112 Account # 00900983 (Use child's name as reference)

Reference on EFT _____ Total Amount. _____

PLEASE RETURN BOTH FORMS, WITH PAYMENT/EFT RECEIPT TO THE FRONT OFFICE.