

CRESTWOOD HIGH SCHOOL





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October 2022

YEAR 7 LUNA PARK MATHEMATICS EXCURSION MONDAY 5th DECEMBER 2022

Dear Parents/Caregivers,

As part of the Mathematics program, an excursion to Luna Park has been organised for Year 7 students. An activity booklet will be provided to students to complete on the bus trip and during their time at Luna Park.

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Monday, 5th December 2022

Transport:

We will be travelling by bus to and from the venue, leaving school at 9.00 a.m. and returning

by 3 p.m. Students will need to arrive at school by 8.30 a.m. as usual.

Cost:

\$60.00

Return Date:

Permission notes and money are to be returned to the Student Services Window by

Wednesday, 9th November 2022

Dress: Students are to wear their full sports uniform. Any students not in full sports uniform will not attend and will remain at school. Parents are advised that if their child does not attend the excursion due to the above reason or their absence on the day, a refund will not be available.

What to Bring: Students are to bring their recess, lunch and a drink in a small backpack. There will be canteen facilities available, however it is expensive to purchase food at Luna Park. Students are also required to bring a pen to complete the activity booklet.

Mr K Chand/Mrs D Hennessy **Excursion Coordinators**

Mr C Lloyd

Head Teacher Mathematics

Please return by Wednesday 9th November 2022

YEAR 7 LUNA PARK EXCURSION - MONDAY 5TH December 2022

| I hereby give permission for my son/daughterexcursion to Luna Park. | to attend the |
|---|------------------------------------|
| Are there any problems your son / daughter has and may need to seek medical assistance for? | |
| State medication your son / daughter is on | <u> </u> |
| In the event of any accident or illness, I authorise the obtaining on my behalf of such medical as son/daughter may require. I also undertake to pay medical fees and/or costs of medication, which ras a result of his/her medical assistance. | ssistance as my nay be incurred |
| Medical: Please outline any existing medical conditions that may affect your son/daughter at the ever | nt: |
| Medical condition/ illness | |
| Treatment | |
| Parent's signature: Date: Date: | |
| I enclose \$60.00 Cash () Cheque () POP - Online () | |
| Online Payment Receipt Number Date Date | |

Payments can be made online via the School Website, under "Make a Payment". Please enter the student's name and what you are paying for. Payments can also be made in person at the school office, during school hours. Please note over the phone payments via cards can no longer be processed.