



ACT
Government



Forrest Primary School
9 Hobart Avenue, Forrest ACT 2603
Phone: 02 6142 1470
Email: forrestps@ed.act.edu.au
Website: www.forrestps.act.edu.au

11 April 2024

YEAR 1 EXCURSION TO QUESTACON

Dear Parents and Carers,

As part of our current Unit of Inquiry “How The World Works” Year 1 are planning an excursion to Questacon. During this excursion we will be exploring a range of scientific phenomenon on a self-guided gallery experience. **Please note that the bus departs Forrest Primary School at 9:15am. All students need to be at school by 9:00am.**

Date:	Thursday 16 May 2024
Time:	Depart from Forrest Primary School at 9:15am Return to Forrest Primary School at approx. 12:45pm
Place:	Questacon
Transport:	Booked Coaches
Bring:	Lunch in a paper/zip lock bag, water bottle and hat. Please label all items.
Cost:	\$23.00
Coordinating teacher:	Blair Singh
Accompanying staff:	Caitlin Thomas, Bella Lucchesi, Sarah Bauer, Kyle Dorsett, Blair Singh, + LSA
Permission notes due:	Friday 10 May 2024
Means of contact with group while on excursion is via the front office 6142 1470	

It is customary for the school to request a financial contribution towards the cost of your child's participation in this excursion. These contributions are voluntary. The school has made every effort to keep the costs of this activity at a reasonable level. We have an equity fund which can be used to provide financial assistance for families who are unable to make the requested contribution. If, however, there is insufficient funding available to meet the cost of the excursion, regrettably, we may not be able to proceed.

Yours sincerely,

Blair Singh

Co-ordinating Teacher

Sarah Bauer

Executive Teacher to Year 1



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Year 1 Qwestacon Excursion

PERMISSION NOTE – please return by Friday 10th May

My child _____ in class _____

will

will not

attend the **Year 1 Qwestacon Excursion on 16 May** as outlined in the Excursion Information for Parents / Carers (including contingency plans).

I agree to my child participating in the activities associated with this excursion mentioned previously. I have discussed with my child the need for expected behaviour on this excursion. I authorise the school to make arrangements for the welfare of my child (including medical or surgical treatment) in an emergency and I agree to meet the associated costs. I have provided to the school all medical information relevant to my child attending this excursion.

I agree that my child will be under the authority of the school for the duration of the excursion and that the school is authorised to return my child to school or home at my expense if the school considers that circumstances warrant such action. I give permission for my child to travel by private car, driven by a staff member or parent, in an emergency.

The *Medical Information and Consent Form* must be completed annually or sooner if there are changes to the information provided on the previous one.

Have you completed the attached *Medical Information and Consent Form*

Yes No

Will your child require medication to be administered during the excursion?

Yes No

If yes, please complete a *Permission to Administer Medication* (available from the front office).

Is there any additional information you need to provide to support your child's participation in this excursion?

Yes No

If yes, please provide these details below.

Medicare number: _____

Private health fund & membership number (if applicable): _____

Parent / Carer name: _____

Signature: _____ Date: _____

Year 1 Questacon Excursion

PAYMENT NOTE – please return by Friday 10th May

The excursion cost is \$23.00

Student name: _____ Class: _____

I am paying the amount of: \$ _____

Payment methods are either:

QuickWeb is the preferred payment method for Forrest Primary School. Access the method either through www.forrestps.act.edu.au or using the QR Code below.

Please use the fee code: **QY1**

Receipt number: _____



Or

At the school office using either EFTPOS or Cash (please provide the correct money)