



ACT
Government
Education

BONYTHON PRIMARY SCHOOL

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BONYTHON ACT 2905
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14 March 2018

**BUNNINGS POTTING VISIT
PRESCHOOL POSSUMS AND ECHIDNAS
POSSUMS – WEDNESDAY 4 APRIL 2018
ECHIDNAS – FRIDAY 6 APRIL 2018**

Dear Parents/Carers,

Students will be participating in a workshop led by members of the Bunnings Community Team. During the workshop students will have the opportunity to choose and plant a seed. They will inquire into – ‘What is the Lifecycle of a plant?’ ‘What does a plant need to survive?’ ‘How can we care for plants?’ and ‘How could caring for plants help our preschool and the environment?’

The Bunnings Potting Visit incursion links authentically to the following Early Years Learning Framework outcomes;
Outcome 2 – Children connect and contribute to their world.
Outcome 4 – Children are confident and involved learners.

To assist us with planning and preparation of the excursion, ***permission notes and payment need to be returned to the school by 28 March 2018.***

Teachers accompanying students on the excursion will be: Sharon DeRooy, Karen Gill, Lauren Gum

Date of excursion:	Possums: 4 April	Echidnas: 6 April
Venue:	Bonython Primary School	
Time:	9.30am	
Cost:	Nil	
Activities to be undertaken:	Students will participate in a potting class	
Permission note to be returned by:	28 March 2018	

If you fill in this form, your personal information and that of your child will be collected and handled by the ACT Education and Training Directorate (ETD) (Bonython Primary School). This information is necessary for us to manage student participation and attendance at the event, and support the welfare and safety of your child. If you do not consent to supply us with this information your child will be unable to attend/participate in the event. Normally, we will not use or disclose this information for another purpose, without your consent, unless you would reasonably expect us to use or disclose the information for a related purpose. While we will not usually disclose this information to third parties, we may share this information with other public (i.e. government) and non-government schools in the case of inter-school or inter-state state events in order to manage the event effectively. The Directorate has a privacy policy that explains how we handle personal information, including how we handle privacy complaints. The policy is available on the Directorate's website (www.det.act.gov.au) on the About Us page.

Regards,

Robyn Kiddy
P-K Executive teacher

PERMISSION NOTE

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(Please return to the school by 28 March 2018)

I give permission for my child _____ in class _____ to attend the **Bunnings Potting Visit**.

I/We authorise the school to make arrangements for the welfare of the student (including medical or surgical treatment), in an emergency.

I/We agree to meet the costs associated with any emergency arrangements made by the school - free ambulance transportation only applies in the ACT.

I/We have read the above information regarding this excursion and understand what it contains.

Full Name of Parent/Guardian (Please Print) _____

Signature of Parent/Guardian _____ Date _____

Emergency contact number on the day: _____

MEDICAL INFORMATION AND UPDATE

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ECHIDNAS – FRIDAY 6 APRIL 2018**

(Please return to the school with permission note)

The school has your child’s medical information on the Annual Medical Form which will be taken by the school on the excursion. We do understand however, that children’s medical conditions can change or they may be suffering from temporary conditions. The questions below help us to ensure we have the most up to date information for the excursion detailed above. It is important that we are advised of any changes to your child’s medical details prior to the excursion. Please carefully read the questions below, choose the appropriate answer, sign and return to the school with the permission note and payment. If you have any questions about what is contained on your child’s Annual Medical Form, please contact the Front Office on 6142 0640 for assistance.

If the changes to the Annual Medical Form are permanent or long term, it is important you contact the school to complete/update this form.

Name of student: _____ Class: _____

- No medical conditions and no changes:** I have completed the Annual Medical Form and there were no medical conditions to report. This has not changed.
- Medical conditions reported but these have not changed:** I have completed the Annual Medical Form and reported medical conditions. The conditions and the treatment plan have not changed.

Additional details (if required) _____

- There are changes to the Annual Medical Report:** I have completed the Annual Medical Form and there are changes to my child’s medical conditions. Please complete below the details of the medical condition and the treatment required.

Full Name of Parent/Guardian (Please Print) _____

Signature of Parent/Guardian _____ Date _____