



Westall Primary School
Fairbank Road, Clayton South, 3169
PO Box 1120, Clayton South Post Office, 3169
Telephone: 9546 8964
Facsimile: 9546 6834

EXCURSION

CHILD'S NAME _____

It is proposed to conduct an official excursion

to.....

on..... the / / 200

expected time of departure from school.....

expected time of arrival back at school.....

Transport.....

If you agree that your child should take part in this excursion please sign and return the slip below. The cost will be

All permission notes and the money to cover the cost of the excursion are to be returned to the school prior to the day of the excursion. **Permission notes and money will not be accepted on the day of the excursion.**

.....

The Principal
Westall PS

Excursion to _____ on _____

Dear Sir,

I agree that _____ should accompany the excursion as above and enclose the sum of _____ to cover the expenses. I authorise the teacher in charge of the excursion to consent, where it is impracticable to communicate with me, to the child's receiving such medical or surgical treatments as may be deemed necessary.

Contact phone number for the day of the excursion _____

Signature of Parent or Guardian
