

**State Library and Captain Cook's Cottage Excursion**

February 2017

Dear Parents/Guardians,

The students in 3LR, 3/4E, 3/4M and 4KW are studying a history and geography unit called 'Explorations' this term and to enhance the classroom activities we will be visiting **The State Library and Captain Cook's Cottage in Fitzroy Gardens on Thursday March 16th.**

The children will take part in a program where they will be introduced to some of the important early maps of Australia. They will also take part in a hands-on workshop, where they will have the chance to practise their cartography skills, creating and decorating their own maps of the magnificent domed La Trobe Reading Room. We have also arranged to visit Captain James Cook's cottage, one of the early European explorers. The children will have lunch in the Fitzroy Gardens.

The students will leave school at 9am and will return to school by 3pm. Students will need a small backpack or plastic bag that contains their lunch and a drink. As we will be eating outdoors a coat may be needed. Please ensure hats are packed as it is Term 1.

The cost of the excursion is **\$18.00**, covering the cost of the bus and entry into the State Library Workshop and transport to Captain Cook's Cottage. Students will need to wear their **MPPS school uniform** to participate in the excursion including their hats.

Please return the permission form and money by **Tuesday 14<sup>th</sup> March**

Thank you, Intermediate School Team : Ms Evans, Miss Rezel, Mr Myors and Miss Wall

✂ \_\_\_\_\_ ✂ \_\_\_\_\_ ✂ \_\_\_\_\_ ✂

**State Library and Captain Cook's Cottage Excursion**

Please return note by Tuesday 14<sup>th</sup> March

I give permission for my child \_\_\_\_\_ in Year \_\_\_\_\_ to attend the **State Library and Captain Cook's Cottage Excursion on March 16th.**

I understand that my child will be travelling by bus to the State Library and Fitzroy Gardens. Where the teacher in charge is unable to contact me, or it is otherwise impracticable, I authorise the teacher in charge to:

- consent to my child receiving such medical treatment as may be deemed necessary.
- administer such first aid as may be judged reasonably necessary

- Please find enclosed my payment of \$18.00
- Direct Deposit: BSB 063610 - Account # 10061505 (Ref: Your child's name & activity)
- Please use \$18 of my child's Camps, Sports and Excursion Fund (CSEF)

Please sign and return this permission slip with payment details.

Parent Signature: \_\_\_\_\_

Contact Number: \_\_\_\_\_