

WALLACIA PUBLIC SCHOOL 1573-1585 MULGOA ROAD WALLACIA NSW 2745

Tel: 4773 8433

Fax 4773 9050

Email: wallacia-p.school@det.nsw.edu.au

Principal: Mr Trev Mason

Tuesday 13th March 2018

Bathurst Goldfields Excursion

Dear Parents/Caregivers,

Thank you for your payment of the \$20 deposit for our Bathurst Goldfields excursion. Now that the final bus cost has been determined, the total cost for each student will be \$55.00. The \$55 cost covers the cost of the coach travel and the full day of activities.

This means that the balance owing for each student will be \$35.00.

Students will need to be dropped off and picked up from Luddenham Public school on this day.

Date: Friday 18 May (Term 2 Week 3)

Time: Departing Luddenham Public School at 7.15am sharp.

All students must be at school by 7am.

Returning to Luddenham Public School at approx 6pm.

Travel: By Coach

What to wear: Students must be dressed in play clothes suitable for working outdoors all day, this includes a hat. The weather in the Blue Mountains can be unpredictable, a jacket is recommended in case of a weather change. The program will continue regardless of the weather, so a plastic poncho/light jacket for rain protection should be packed.

What to bring: Students must bring their own recess, lunch and afternoon snack in a small day pack or sturdy plastic bag. Please ensure that your child has at least one bottle of water. The afternoon snack is for our stop at Mt York on the return trip home.

Could you please complete the attached note and return it together with the <u>balance of \$35</u> by Friday 4th May 2018 (Term 2 Week 1).

Kind Regards,

Trev Mason





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Bathurst Goldfields Note

Student Name:		of <i>C</i>	lass	will be at	ttending ·	the
Bathurst Goldfi	elds on Friday 18 th May 2018. I u	nderstand that trav	vel will be by co	ach and the	cost of t	his
excursion is \$55	5.00 per student, of which I have	already paid the \$2	0 deposit.			
O I have made a OR	n online payment of the balance o	f \$35. My receipt n	number is	Dat	e paid	
O Enclosed is \$3	35 by cash/cheque covering the bo	alance.				
I understand the	at travel to and from the Bathurs	t Gold Fields will be	by coach.			
My child has the	following special needs					
☐ I give perm	ission for my child to receive med	lical treatment in co	ase of emergenc	ÿ.		
☐ I do not giv	ve permission for my child to rece	ive medical treatme	ent in case of er	nergency.		
My child will be	collected at approximately 6pm by	/		· · · · · · · · · · · · · · · · · · ·		_
Contact phone n	umber/s					_
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Po	arent/Caregiver's Signature		D	ate		

