



Chisholm Catholic Primary School

30 Collith Avenue, Bligh Park NSW 2756



Tel: (02) 4573 3200

Email: chisholm@parra.catholic.edu.au

www.chisholmblighpark.catholic.edu.au

10 May 2021

Year 1 Excursion - Sydney Zoo

Dear Parents and Carers,

During Term Two, Year 1 will be studying a Science unit called 'Living Things'

As part of their learning, students will be attending Sydney Zoo to explore different animal features and needs of living things.

WHEN: Friday 11th June, 2021

TIME: The bus will be leaving Chisholm at 8:45am (students will need to be at school by 8:20am) and departing from the centre at 2.00pm. We will arrive back in time for dismissal at 3.00pm.

NEEDS: Children will need to bring water, recess and lunch in a small backpack, clearly labelled with their name. Please **do not** send any money or cameras.

CLOTHING: Children are asked to wear their full school sport uniform on the day, including their school hat. All hats and jumpers must be labelled.

PLEASE RETURN THE PERMISSION NOTE BY: Friday 4 June.

We are looking forward to a wonderful day.

Ashlee Cilia, Jan Ryan and Analisa Vickers
Year 1 Teachers



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I _____ give permission for _____
to attend the Year One excursion to **Sydney Zoo**, travelling by bus, on Friday the 11 June, 2021.

Signed: _____

Medical Details

Does your child have any medical condition of which you feel that teachers should be aware?

Please list any allergies and the symptoms.

Does your child need to take medication during the excursion? *(Details & dosage needed by the Teacher)*

Is there any other matter regarding your child's welfare and enjoyment of the excursion which you feel the teacher needs to know?

Parent/Carer's Contact Details

During this excursion I may be contacted on:

Parent/Carer's Home/Work/Mobile Phone No: _____

Parent/Carer's Home/Work/Mobile Phone No: _____

Emergency Name and Phone No: _____

Emergency

In the event of an emergency, I give the teachers of *Chisholm Catholic Primary School* permission to seek medical attention for my child. I understand that I will be notified as soon as possible.

Parent/Carer's name

Parent/Carer signature

Date: / 5 / 2021