



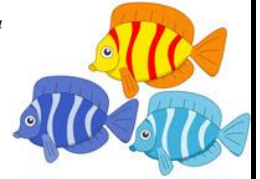
CONNOLLY PRIMARY SCHOOL

Fairway Circle, Connolly WA 6027

Phone: 6206 3200

Email: connolly.ps@education.wa.edu.au

Website: www.connollyps.wa.edu.au



Dear Parents,

YEAR 2 AQWA EXCURSION

To celebrate our end of year, the Year 2 children from Wattle Block will be attending an excursion at AQWA on Wednesday 12th December 2018.

The cost of the excursion: \$20.00.

We will travel by bus. The bus will leave the school at 9.30am and return at approx. 1.15pm. On return to school, we will have a class party. More information to follow.

Children will be required to bring their recess in a plastic bags, fully labelled. Recess needs to be in disposable wrapping so that we can throw it away. Labelled drink bottles will also be required. We will bring them back to school.

We require five parent helpers from each group to assist with the excursion. Please let your class teacher know if you are able to help out on the day. We encourage carpooling together and meeting us there. **Parent helpers will be required to pay entry fee on arrival to AQWA.**

Permission and payment must be received by the office to enable your child to attend.

Payment needs to be finalised by Wednesday 5th December 2018

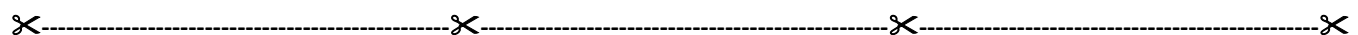
This excursion has been uploaded on Qkr, ready for digital permission and payment to be finalised. Preferred permission and payment at Connolly Primary School is through the Qkr app.

Alternatively, please return the completed form below and provide payment by EFTPOS or online transfer to Connolly Primary School, BSB: 066-040, Account: 199 03645, Ref: child's surname, first name and reason.

It will be a fabulous day!

Yours sincerely

Chantelle Cochrane, Natalie Oakes and Helen Fabri - Year 2 Teachers



YEAR 2 AQWA EXCURSION

To be returned to the office with \$20.00 by Wednesday 5th December 2018.

Paid online Use unallocated credit Eftpos

| | | |
|---|---------|-------------|
| Child's Name: | | Room No: |
| ☎ Home: | ☎ Work: | ☎ Mobile: |
| Other Contact Information: | | |
| I have read and understood the information regarding the excursion and give my consent for my son/daughter to attend. | | |
| Signature of parent/guardian: | | Date: |

Please note: If any medical details for your child have changed, please contact the office so that records can be updated.