

**Roberts McCubbin Primary School**  
**“Immigration and Chinese Museum visit”**  
**Excursion Permission Form**

**Date: Wednesday 4<sup>th</sup> November, 2009**

**Details of Excursion:** Children will attend the Immigration Museum and the Chinese Museum as part of our inquiry unit ‘Then Vs Now, are we really better off?’. The experience will support their understanding of specific areas of Australian history and the development of Australian culture.

**Time:** 9:00 – 3:00 (approx)

**Students Involved:** All 5/6 students

**Transport arrangements:** Seatbelted buses

**Cost: \$20.00 per student**

Costing for this activity has been based on the majority of children participating. Refunds are only possible with the provision of a medical certificate, but please note however, the refund may not be the full amount. Some activities require payment in advance for buses, entrance fees, or in the case of camps, accommodation and if this is the case for an activity your child did not attend, a full refund cannot be made. Permission and Payment is required if your child is to attend this event.

**Notice return date: Monday 2<sup>nd</sup> November**

**Special arrangements:** will need to bring a packed lunch for the day and drink bottle.

**Please note:** Children will need to bring a packed lunch for the day and drink bottle.

**Contact teacher:** Peter Wright



**Roberts McCubbin Primary School**  
**Excursion permission Form**  
**“IMMIGRATION AND CHINESE MUSEUM VISIT”**  
**PLEASE RETURN THIS FORM WITH PAYMENT OF: \$20.00**  
**(PER CHILD) BY : Monday 2<sup>nd</sup> November, 2009**

**Student’s Name** (please print) ..... **Class group** .....

I give permission for my son/daughter to participate in this activity and expect him/her to behave according to the guidelines set out in the Roberts McCubbin Safe and Happy Book.

If the teacher in charge is unable to contact me, or it is otherwise impracticable to contact me, I authorise them to:

- consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner
- administer such first-aid as the teacher in charge may judge to be reasonably necessary.

Signature of Parent/Guardian: ..... Date: .....

My emergency contact number on the day of the incursion is: .....

**Please circle as appropriate:**

\*\*My child requires medication to be taken to the incursion.    Yes    No

If ‘Yes’, please specify:..... \*\*Epipen    Yes    No

**PAYMENT METHOD: (please circle)**

Cash

Cheque

Card at the office  
(credit,cheque,savings)



BPay  
(2 full working days  
Prior to event)