



**Holy Family Primary School**

Castleton Cres

Gowrie ACT 2904

Phone: (02) 62921222

## **HOLY FAMILY PRIMARY SCHOOL EXCURSION**

**Grade:** Year Four

**Excursion purpose:** The children will be visiting BFRIM's Outdoor Activity Centre to complete a 'Swing into Life' obstacle challenge. This completes our health unit that has focused on growth mindset, resilience and overcoming challenges.

**Venue:** BFIRM Outdoor Activity Centre

**Day and date:** Thursday December 12<sup>th</sup> 2019 (Week 9)

**Transport:** Keirs Coaches

**Time of departure:** 11:45am                      **Time of return:** 3.00pm

**Cost:** \$20 per child plus bus. (All covered by the Excursion Levy)

**Supervising teachers:** Anne Potter, Alysha Swan, Jessica Salcedo and Damien Hinds

**What to bring:** Children will need to pack their lunch in a clearly labelled lunch box. The children will also need a labelled drink bottle and a towel and a plastic bag. You may like to send a spare change of clothes with your child to change into if they are going to COOSH/other activity after school.

**What to wear:** Children are required to wear clothing that they can be active in such as shorts and a t-shirt (NO SINGLETS) and runners (or equivalent). Students are likely to get wet/muddy so please send your child in clothes that are okay to dirty.

**Parent Helpers:** We would love to have a parent helper per class accompany us on this excursion. If you have a current WWVP card and are available on this day, please complete the slip below and you child's teacher will be in contact with you to confirm details.

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### **CONSENT FORM – YEAR 4 SWING INTO LIFE EXCURSION**

As a parent/guardian of \_\_\_\_\_ in roll class \_\_\_\_\_, I give my consent for him/her to travel by bus to and from Swing into Life on Thursday 12<sup>th</sup> December, 2019.

Signed \_\_\_\_\_ Parent/Guardian

Emergency Contact on the Day: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Information (eg. Asthma, Allergy etc)

\_\_\_\_\_

**Parent Helper** : I am available to assist on Thursday 12<sup>th</sup> December 2019.

Name \_\_\_\_\_ WWVP No. \_\_\_\_\_

Phone Number: \_\_\_\_\_ WWVP Expiry: \_\_\_\_\_

**PLEASE RETURN CONSENT FORM TO YOUR CHILD'S TEACHER  
BY FRIDAY 7th DECEMBER, 2019**