2nd March 2016

FOUNDATION WALK TO WELLINGTON VILLAGE SHOPPING CENTRE & ROWVILLE CFA

Wednesday 23rd March, 2016

Dear Parents,

The Foundation classes will be walking together to Wellington Village Shopping Centre and Rowville CFA as an introduction to our second Unit of Inquiry “Where We Are In Place and Time”. During this walk, we hope to inspire the students to think about our central idea that “Communities rely on people fulfilling different kinds of roles to function.” After walking to and around Wellington Village, exploring the different roles vital to our community, we intend to return to school via the Rowville CFA. If possible, we hope to see the Fire Station and perhaps talk to some members of the CFA Unit (this will all be dependent on their availability which cannot be predicted due to the nature of their work in the emergency services field).

This discovery tour of the students’ local community is hoped to provide them with insight and robust discussion around the roles different people have in our community and to stimulate their wonderings for this new unit.

We will depart school at 11.30 and hope to return by 1.00pm. In the case of inclement weather, a TiqBiz notification will be sent out and the walk organised for a different date/time.

There is no cost for this excursion. Please complete the consent form below and return to school by Thursday 17th March 2016.

We would be most grateful to receive assistance with supervising the children on this excursion. If you are available, please indicate by ticking the parent helper box on the consent form below.

Thank you,
Cassie Wright (Team Leader) and Anne Heitmann

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Please return Permission Form by Thursday 17th March, 2016

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Wednesday 23rd March, 2016

I give permission for my child ............................................................. of ............. to walk to Wellington Village Shopping Centre and Rowville CFA on Wednesday 23rd March 2016

☐ I am available as a parent helper and
☐ I have supplied the office with a copy of a current copy of my Working with Children’s Check

Name: ............................................................. Telephone: .............................................................

I authorize the teacher in charge of the excursion to consent where it is impractical to communicate with me to my child receiving such medical or surgical treatment as may be deemed necessary.

Please Note: ‘Students who do not return their excursion permission note by the due date will not be able to attend the excursion: No further phone calls will be made to obtain permission.’

My emergency phone number on this day will be .............................................................
Parent’s Name: ........................................ Parent’s Signature: ..................................................