



UPPER SWAN PRIMARY SCHOOL

An Independent Public School

ABN 31 930 918 608

1204 GREAT NORTHERN HIGHWAY, UPPER SWAN WA 6069

"Children are the Future"

EXCURSION CONSENT LETTER

Kailis Bros and Guildford Gaol

PURPOSE

Last term in HASS we studied Australian immigration. The Kailis family migrated to Australia from Greece. We are interested in learning when/why they came to Australia and the challenges they faced. Part of the curriculum also explores Business and Economics. We are interested in learning how this business operates and why it is successful. An important historical concept is continuity and change. We will explore this concept by understanding how the Kailis's business has changed over the years. When we visit the Old Colonial Gaol and the cottage, we will compare life for the early settlers with our modern lives.

DATE

Wednesday 19 June 2019

LOCATION COST

Guildford train station, Kailis Bros. Leederville and Guildford Gaol and Pioneer Cottage.
\$15.00 (Includes Kailis and Guildford Gaol) Students will also need \$4.00 in change for train fare/Smarterider (take on the day)

DUE

Wednesday 12 June 2019

Payment can be made by cash, EFTpos®, credit card or direct deposit.

When paying in cash, please send the correct amount as change is unable to be given. Please place payment and permission note in an envelope with your child's name and place in the payment boxes located outside the school office.

Details for Direct Deposit are:

Upper Swan Primary School

BSB: 306 041

Account: 4194 582

Description: Child's full name e.g. TOM SMITH, Kailis Brothers and Guildford Gaol.

Payment plans can be arranged through the Manager Corporate Services. In the event of an absence on the day, transport costs cannot be reimbursed.

TRANSPORT

We will be catching the train from Guildford train station.

Parents to drop off at 8.45am, we are catching the train at 9.07am.

Returning to Guildford train station at 1.15pm

Parents to collect students from Stirling Square at 2.50pm

ACTIVITIES

Tour and educational talk at Kailis Bros on their family history and establishment of the Fishery. Lunch provided by Kailis of fish and chips. Tour of Guildford Gaol and Pioneer cottage.

DRESS

School uniform and sun safe hat

FOOD

Lunch/drink provided. (Fish, prawns, squid rings and chips)

Please pack a light snack for morning tea and a bottle of water

Parent Helpers will have to buy their own lunch (we will source the cost for you)

SUPERVISION

Miss Lack will be supervising the small group of Year 6 children. Students will be identified by their school uniform. I will require two parent helpers on the day. Please let me know if you are available ASAP

CONTACT

If you need to contact us during the excursion due to an emergency, please contact the school on 9296 4622.

If you agree to your child attending this excursion, please complete the rest of the letter attached and return to the front office by 3.30pm Wednesday 12 June 2019.

It is your responsibility to ensure any medical/health changes are updated prior to the excursion date.

OFFICE USE ONLY
☐ CASH ☐ EFT ☐ DD
☐ UNALLOCATED CREDIT
DATE: _____
RCPT: _____ SO: _____

EXCURSION NAME: Kailis Bros and Guildford Gaol

DUE: Wednesday 12 June 2019

AMOUNT: \$15.00

CONSENT FORM

CHILD'S NAME: _____ YEAR: _____ ROOM: _____

- I give permission for my child to travel by bus on _____ to _____ to participate in the above excursion.
- I give permission for my child to receive medical treatment in case of an emergency.
- I am aware that the school and its employees are not responsible for personal injuries or property damage which may occur on an excursion, unless the school or its employees are proven to be negligent.
- I agree to inform the organiser before the scheduled excursion departure of any changes to my child's health and fitness so that appropriate supervision may be arranged.
- I have read and understood the information regarding the excursion and give permission for my child to participate and enclose _____ to cover the expense.

Medical Details

Is your child subject to asthma, seizures, fainting epilepsy, diabetes, allergies or any condition that may affect his or her safety during this activity? Yes No ☐ ☐

If "yes", please give details below. _____

Is your child allergic to: ☐ Penicillin ☐ Any other drugs ☐ Any food ☐ Other

Please give details _____

Date of last tetanus vaccination: _____

Medication

Parents are requested to make arrangements with the teacher for the safe keeping and handling of medications required for this activity.

Is your child presently taking tablets and/or to her form of medication? Yes ☐ No ☐

Does your child self-administer the medication? Yes ☐ No ☐

State name of medication, dosage and frequency of use: _____

Other Information

Please provide any other information about your child which will enable the organisers of this excursion to provide better care for your child.

Name of Family Doctor: _____ Tel.No. _____

PARENT/GUARDIAN FULL NAME _____ (Home No): _____

ADDRESS : _____ (Mobile): _____

PARENT/GUARDIAN SIGNATURE: _____ DATE _____