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PRINCIPAL – Carmen Britnell

5/6 Adventure Park Celebration Day 2023

22nd November 2023

Dear parents/guardians,

To celebrate the end of the school year, the children in Grade 5 and 6 will take part in a fun day at Adventure Park.

NATURE OF ACTIVITY: 5/6 End of Year Celebration

VENUE: Adventure Park, Wallington

DATE: Friday, 15th December, 2023

STAFF ATTENDING EXCURSION: Mrs Alida O'Brien, Mrs Mel Tresize, Bec and 1 other teacher TBC

COST: \$15.00 per child (without season/family pass) OR Free with season or family pass (must bring on day)

MODE OF TRANSPORT: Students will be driven to the venue by parents and staff.

TIME OF DEPARTURE: 10:00am

TIME OF RETURN: approx. 3:10pm

WHAT TO BRING (all labelled): Packed snack & lunch with plenty of food, water bottle, sunscreen, towel and something dry to change into for the trip home.

Students are unable to purchase food and drink on the day.

Please pack items in a school bag so our bags are easily identifiable.

EXTRA DETAILS: Students must have their shoulders covered with a rash vest or tshirt whilst at Adventure Park.

Please complete the attached form, make payment and return no later than Thursday 30th November 2023.

Thanks

Mrs Alida O'Brien and Mel Tresize

5/6 Adventure Park Celebration Day 2023

CHILD'S NAME _____

I agree to my child travelling in a private car driven by a Wallington Primary School parent/teacher to and from Adventure Park on Friday 15th December 2023

☐

I am able to assist with transport to and from the venue

I am able to assist with transport to the venue only (10:00am departure)

☐

I am able to assist with transport from the venue only (3:00pm departure)

☐

I am unable to assist with any transport for this event

☐

Car Registration

Number of passengers (including your child)

Comprehensive Insurance with

Payment and Permission

I grant permission for my child to attend Adventure Park on Friday 15th December 2023

I have paid \$15.00

☐

QKR (preferred) / Paid via EFTPOS

We request payment by the above only, no cash payments please.

OR

My child has a family/season pass

☐

I give permission for any surgical or medical treatment that may be necessary in the event of an accident or emergency and where I am unable to be contacted. I accept expenses thus incurred in such emergencies.

Parent/Guardian Name _____

Signed _____

Contact Number _____

My Emergency contact on Friday 15th December 2023 will be:

Name _____

Contact number _____