Dear Parents,

As part of our study on Aboriginal culture and the environment, we are going on an excursion to Taronga Zoo on Friday 16th October, 2015.

The students will be observing animals, as well as participating in the “Wurrungwuri” Education workshop which involves “Stories of Sydney Harbour”.

On the day of the excursion we will be leaving Brisbania at **7:45am** and travelling by coach, with seatbelts, to Sydney. We will arrive back around **4:00pm**.

**When:** FRIDAY 16TH OCTOBER 2015  
**Where:** Taronga Zoo Sydney  
**Why:** Science Excursion  
**Cost:** $38 - This includes transport, entrance into the zoo and the workshop.

Money should be returned in a school envelope ensuring the permission slip below is completed and returned. Note and Money needs to be in by Tuesday 6.10.15.

Your child will need the following on the day:-  
- Wear school uniform with runners/joggers  
- A school hat  
- Sunscreen (applied at home)  
- Recess and drink (no glass please - popper drinks are perfect)  
- Lunch and drink (no glass please – all packed in a plastic bag clearly labelled – to enable easy disposal)  
- A poncho or raincoat in case of rain

**Parent Helpers:** If you would like to be a parent helper, please nominate on the form below. We need 8 helpers and if more than this number applies, we will draw names out of a hat. The parent helpers that will be joining us on the bus do not have to pay.

Thank you for your support.

Stage 2 Teachers

**REQUEST TO BE A PARENT HELPER**

I would like to attend the excursion and help with a group of children.  
Parent Name: ______________________  Childs Name: ______________  Class: ________

**Taronga Zoo - PERMISSION SLIP**

I **do** / **do not** consent to my child …………………………in class……participating in an excursion to Taronga Zoo on Friday 16th October 2015. I understand that travel will be by a double decker coach with seatbelts. This excursion has the approval of the school principal.

**My son / daughter** has the following special needs (please provide full details and include any relevant medical details)

Emergency Contact Numbers: .................................................................

I **give** / **do not** give permission for my child to receive medical treatment in case of emergency.

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Parent/Caregiver Name  Parent/caregiver signature  Date