Throughout Term 4, the Year 5s will have an opportunity to interact with next year’s Prep students at Stewart’s Lane and Complete Kids Kindergartens.

Year 5 students will be accompanied by staff to meet our new Prep students and begin forming relationships that will be a nice introduction to our Prep and Year 6 Buddy Program for 2017. The visits last for approximately an hour with students walking to and from the kindergartens with teachers. This has provided valuable links for our upcoming Preps in previous years and we look forward to meeting the newest members of our school community!

Sessions times are as follows:

- Year 5A and Year 5B will visit Stewarts Lane Kindergarten on Thursday 3rd November, Thursday 10th November and Thursday 17th November, leaving school at approximately 9.05am and returning to school at approximately 11.10am.
- Year 5C and Year 5D will visit Stewarts Lane Kindergarten on Wednesday 2nd November, Wednesday 9th November and Wednesday 16th November, leaving school at approximately 11.00am and returning to school at approximately 1pm.
- Year 5E and Year 5F will visit Complete Kids Kindergarten on Thursday 20th October, Thursday 27th October and Thursday 3rd November, leaving school at approximately 11.10am and returning to school at approximately 12.20pm.

There is no cost involved to attend this local excursion. In the case of inclement weather, our visits will be postponed and families will be notified of any alternate dates for future visits.

Please return the signed permission slip below by Wednesday 19th October to give permission for your child to attend our Kinder Visits.

Kind regards,

Year 5/6 Team

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YEAR 5 KINDER VISITS

Please return this permission slip by Wednesday 19th October

I give permission for my child __________________________ to participate in the Year 5 Kinder Visits on the dates detailed above.

In the event of illness or injury, I authorise the teacher in charge of the excursion to consent, where it is impracticable to communicate with me, for my child to receive such medical or surgical treatment as may be deemed necessary.

Signature of Parent/Guardian: __________________________ Date: __________________________

Emergency Contact and Phone number: __________________________