Dear Parents/Guardians,

This term the Prep Inquiry Unit is ‘Survival’ and we are learning about how our survival is dependent on other living things. In order to give the children a ‘hands-on’ experience we have organised an excursion to provide this opportunity. At CERES Community Environment Park, children will participate in selected activities that are part of CERES ‘Plants and Animals’ and ‘Recycling’ Program.

**Venue:** CERES Community Environment Park, East Brunswick  
**Date:** Wednesday 13th August 2014  
**Time:** The bus will leave Killara Primary School at 9:10am and will return at approximately 3:15pm. Students will be dismissed at 3.30 pm.  
**Cost:** $25.50 (covering entry fee and transport costs)  
**Clothing:** School uniform (no dresses please) and other suitable clothing for a day spent outdoors e.g. a warm jacket, beanie, sturdy boots or shoes or gum boots.  
**Food:** Children will need to bring a Waste Free Lunch, labelled with the child’s name. CERES encourages students to experience how easy it is to make less rubbish, and to positively contribute towards social and environmental sustainability.

**Parental Assistance**  
We are inviting 2 parent helpers to attend and assist us on the day of the excursion per class. If you would like to attend could you please complete the bottom section on your child’s permission form. You will need to have a current Working with Children Check. Please note if there are more volunteers than required a ballot system will apply.

Please complete the form below and return it with payment of $25.50 by August 11.

Thank you,

Hayley, Michelle, Emily and Sarah  
Prep Team

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**PERMISSION FORM – CERES Community Environment Park, East Brunswick**  
Return with $25.50 by August 11

I, ____________________________ parent/guardian of ____________________________ of room ____________________________ give permission for my child to participate in the excursion to CERES Community Environment Park, East Brunswick on Wednesday the 13th August, 2014. I authorise the teacher in charge of the excursion to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

**Medication information**  
Please complete if the student is currently taking medication and will need to take that medication on this excursion.

<table>
<thead>
<tr>
<th>NAME OF MEDICATION</th>
<th>METHOD</th>
<th>WHEN, &amp; HOW MUCH</th>
</tr>
</thead>
<tbody>
<tr>
<td>(E.g. Ventolin)</td>
<td>(E.g. puffer held by student)</td>
<td>(E.g. 2 puffs when required)</td>
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Signed ____________________________ Date ____________________________

Contact phone number for Wednesday the 13th August 2014: ____________________________

Yes, I ________________ (name) would like to volunteer as a parent helper on the day and have a current Working with Children Check.