



# Forbes North Public School

"Learning for Life through Quality Teaching in a Safe and Caring Environment"

21 July 2022

## YEAR 1 AND 2 DUBBO ZOO EXCURSION 2022

Dear Parents and Carers,

As part of the Science, HSIE and English Units Year 1 and Year 2 will be studying this term, we have organised an excursion to the Western Plains Zoo in Dubbo.

Students will travel by bus to Dubbo on Tuesday 20 September 2022, leaving Forbes North Public School at 7:15am and returning at approximately 4:30pm.

The excursion will include a lesson at the Education Centre where students will get to have a closer look at some of the animals.

The cost of the excursion for your child is \$40.00, which includes the entry into the zoo and return coach travel. To help ease the burden of paying this amount all at once, we might suggest paying in instalments. The full amount is due by Monday 5 September 2022.

Payment can be made at the school office by cheque, cash or EFTPOS or via the 'Make A Payment' link, found on the school website: <https://forbesnth-p.schools.nsw.gov.au/>

The attached permission note and medical information note need to be completed and returned to the school by Friday 5 August to ensure numbers and transport can be finalised.

We encourage all students to participate in this wonderful experience and hope parents would contact your child's teacher or the school office staff on 6852 2187 for further information if required.

Yours sincerely,

Mr Elliott  
Stage 1 Teacher/Excursion Coordinator

Mrs Karaitiana  
K-2 Assistant Principal



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YEAR 1 AND 2 DUBBO ZOO EXCURSION 2022  
Permission Slip

I give permission for my son / daughter \_\_\_\_\_ in class \_\_\_\_\_ to attend the excursion to the Western Plains Zoo on Tuesday 20 September 2022. I understand the travel will be by coach.

I have enclosed payment of \$\_\_\_\_\_

I have paid online

Name of Parent / Carer: \_\_\_\_\_

Signature of Parent / Carer: \_\_\_\_\_

**\* MEDICAL INFORMATION \***

STUDENT NAME: \_\_\_\_\_

A. Special Needs (e.g., medication, allergies, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. To the best of my knowledge my child \_\_\_\_\_ has no medical condition, physical disability or injury which is likely to put him/her at risk whilst participating in this activity.

C. I give permission for my child to be given medical treatment if it is necessary. YES / NO

Medicare Number:

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D. Emergency Contact Details:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent / Carer