



Jerrabomberra Public School

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28 July 2022

YEAR 1 QUESTACON

Dear Parent / Guardian,

Our topic this term in Science is 'Push and Pull' and in support of this, 1/KS and Yr 1 classes will be visiting Questacon to observe various forces. The students will have a tour of Questacon and we will complete a self-guided program.

Students will not be taking their school bags with them and so are asked to bring their lunch, recess and water in **disposable packaging** and in a **labelled** plastic bag. There will not be a fridge for students' lunches so please do not pack items that need to be kept cold.

When: Tuesday 23 August 2022

Where: Questacon

Transport: QCity Buses

Departure: 10:00am

Returning: 2:30pm

Cost: \$18.00

What to wear: School Sport Uniform, comfortable shoes/joggers, hat

What to bring: Lunch, recess and water in disposable packaging, clearly labelled in a disposable plastic bag.

Regards,

Maddie Cameron

Coordinating Teacher

Please retain this sheet for your information. Complete the attached note and return to class.

JERRABOMBERRA PUBLIC SCHOOL

YEAR 1 QUESTACON
Tuesday 23 August 2022

Please complete and return to your class teacher by 8 August 2022.

I give permission for my child, _____ in class _____ to attend Questacon Excursion at Questacon on Tuesday 23 August 2022.

I understand that my child will be travelling to and from the venue by Bus and that there is a cost of \$18.00 to attend.

- I have enclosed \$_____ cash / cheque (please circle), OR
- I would like to pay using my fees in advance, OR
- I have made an online payment. Receipt no. _____ Date ____ / ____ / ____

Online Payments: <https://jerra-p.schools.nsw.gov.au>

Click on "Make a Payment" tab
In 'Payment Options' please select **Excursion**
In 'Payment Description' please insert **Yr 1 Questacon**

COVID Acknowledgement

I confirm that my child does not have any cold or flu like symptoms and, should these develop, will not attend this excursion.

Medical information

The following medical information is important to your child's safety and wellbeing. Please indicate if your child experiences any of the following:

- No Medical Conditions
- Any allergic condition Asthma Diabetes
- ADD/ADHD Epilepsy Other _____

Please list any medication to be taken during the excursion and times that it should be taken:

I understand my child will receive medical treatment in the case of an emergency

Yes I understand

Parent / Caregiver's Name: _____

Contact phone numbers: _____ or _____

Signed: _____ Date: _____