



## Jerrabomberra Public School

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ABN18 246 198 266

24/11/2021

### Stage 3 End of Year Excursion Limelight Cinema

Dear Parent / Guardian,

As an end of year treat, Year 5 and Year 6 will be going on an excursion to Limelight Cinemas to see *Clifford*.

We will have an early lunch at school before we leave, please no lunch orders from the canteen. The students will not be able to access the candy bar at the cinema, so will not require any additional money on the day.

**When:** Year 5 - 15 December 2021

Year 6 - 16 December 2021

**Where:** Limelight Cinema, Tuggeranong

**Transport:** Bus

**Departure:** 11:15am

**Returning:** 2:30pm

**Cost:** \$13.50

**What to wear:** School uniform

Regards,

Karen Harradence

Deputy Principal

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

JERRABOMBERRA PUBLIC SCHOOL

**Stage 3 End of Year Excursion – Limelight Cinema  
15 & 16 December 2021**

**Please complete and return to your class teacher by 7 December 2021.**

I give permission for my child, \_\_\_\_\_ in class \_\_\_\_\_ to attend the Stage 3 excursion to Limelight Cinema on the 15 December 2021 for Year 5 or 16 December 2021 for Year 6.

I understand that my child will be travelling to and from Limelight by bus and that there is a cost of \$13.50 to attend.

☐ I have enclosed \$\_\_\_\_\_ cash / cheque (please circle)

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 **Stage 3 Limelight**

**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: \_\_\_\_\_