



Jerrabomberra Public School

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21/11/2022

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 *Puss in Boots: The last Wish*. We are awaiting distributor approval to view this movie before it is released. If the movie changes, a note will be sent home with the new movie title.

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 & 6 - 16 December 2022

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
16 December 2022**

Please complete and return to your class teacher by 7 December 2022.

I give permission for my child, _____ in class _____ to attend the Stage 3 excursion to Limelight Cinema on the 16 December 2022.

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: _____