



Leeming Primary School

Meharry Road, Leeming WA 6149 PH: 9310 9133

TO: Parents of Students in Rooms 1,3,11,9

As part of our science program, we are offering senior students the opportunity to attend a workshop at the school called "A Case Of Discovery". The interactive workshop will present a crime scene for students to solve. They will learn the real science that is carried out in forensic laboratories and help to solve the crime just like a real forensic scientist.

Details are:

When: Thursday 21st September

Where: Leeming Primary School (Undercover Area)

Cost: \$6.00 per student (if you have already paid your annual excursion charge then this amount will be deducted from your lump sum incursion/excursion payment).

If paying by cash please place the permission slip and correct money into an envelope into the deposit box in the front office.

Supervising teacher: Mrs Tanya Warman

Thank you

PRINCIPAL

Date: 1 September 2017

Please complete the permission slip below and forward with the money to school by: Friday 15th September

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Interactive Forensic Workshop – "A Case of Discovery" Room: _____

I am aware that any costs incurred as a result of accident or illness are my responsibility and that school staff are not responsible for any loss or damage to my child's personal property that may occur during the course of the excursion. I agree to inform the school before the scheduled excursion departure of any change to my child's health and fitness so that appropriate supervision may be arranged. I acknowledge that, should it be considered necessary, school staff will arrange to present my child for medical assessment. I have read and completed the information regarding the excursion and give my consent for my son/daughter

_____ in Room _____ to attend.
PLEASE PRINT Child's First & Last Name

Signature of parent/guardian **Date:**

I have included **\$6.00** for the excursion I have paid the up-front excursion levy

PAYMENT METHOD (circle method) : CASH / CHEQUE / CREDIT CARD / DIRECT DEPOSIT

Cheques to be made payable to Leeming Primary School

Credit Card type:(Please tick) Visa Mastercard

Account #																			
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Card Holder's Name _____ **Expiry Date:** ____/____

Signature _____

Direct deposit/Internet banking is available: **Please use Students Full Name as a Reference on DD/EFT**

BSB: 066163 | A/C #: 00900553 | A/C Name: Leeming Primary School.