



# Dr Cameron Stelzer – Author and Illustrator Visit

**TO: Parents of Students: Kindy (Group A), PP – Year 6**

We are having a special visit from author and illustrator Dr Cameron Stelzer. Dr Cameron will be running workshops with the students. K-1 students will enjoy an interactive Big Screen Book reading. Year 2,3,4 students will participate in a follow-along drawing activity. The Year 5,6 students will work together to create stories.

Details are:

**When:** Tuesday 18<sup>th</sup> September

**Where:** Leeming Primary School

**Cost:** \$2.50 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.**

Thank you

PRINCIPAL

Date: 28 August 2018

**Please complete the permission slip below and forward with the money to school by: Wednesday 5<sup>th</sup> September**

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**In school Activity: Dr Cameron Stelzer – Author and Illustrator Visit      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 \$2.50 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

<b>Account #</b>																			
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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.**