



**LEEMING**  
PRIMARY SCHOOL

**TO: Parents of Students in Room/s: 1 and 3**

Dear Parents

As part of our Music and Community Service program the Room 1 and 3 students are putting on a musical performance for some of the elder members of the community residing at the Opel Aged Care facility.

Details are:

**When:** 10.15am – 11.30am Thursday 17<sup>th</sup> October 1.30pm

**Venue:** Opel Aged Care Wagtail Close Murdoch

**Clothing:** School Uniform

**Cost:** \$6 per student (if you have already paid your annual excursion charge then this amount will be deducted from your lump sum incursion/excursion payment)

**Members of the supervisory team are: Mr Hartley Ms Murray Mrs Thomas**

Thank you

PRINCIPAL / CLASS TEACHERS

Date: 11/9/2018

**Please complete the permission slip below and forward with the money to school by: WEDNESDAY 10/10/2018**

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**Excursion to: Opel Aged Care Student Musical Performance.  
17<sup>th</sup> October 2018 Room: 1 and 3**

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 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 Student's Full Name as a Reference on DD/EFT**

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