



Matt Cosgrove – Author and Illustrator Visit

TO: Parents of Students: PP – Year 6

We are having a special visit from author and illustrator Matt Cosgrove.

Matts Book **Alpacas with Maracas** has been chosen this year for National Simultaneous storytime

This is a beautiful story about friendship, and finding success in participation.

Matt Cosgrove will be will be doing a presentation for the children followed by a book signing. See Attached flyer for purchasing. Book orders to be returned with permission slips.

Details are:

When: Tuesday 26th March 2019

Where: Leeming Primary School

Cost: \$1.50 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: 12th March 2019

Please complete the permission slip below and forward with the money to school by: Wednesday 20th March

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In school Activity: Matt Cosgrove – 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 \$1.50 for the excursion I have paid the up-front excursion levy

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

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.