



## **Blackheath Public School**

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### **Sydney Zoo Excursion**

26 February 2021

Dear Parents/Carers

To support our teaching of science and technology, we have organised an excursion to Sydney Zoo. The purpose of this excursion is to identify how physical conditions affect the survival of living things and how structural and behavioural features of living things support survival. The cost of the excursion includes travel on an air-conditioned seat-belted coach and attendance at zoo workshops.

The details of the excursion are below:

Venue – Sydney Zoo, Bungarribee (Blacktown)

Date – Friday 26<sup>th</sup> March 2021

Time – Leaving Blackheath Public School at 8.30am.

Approximate arrival back at school 3.30pm

Cost - \$40

#### **What to wear:**

- School uniform, appropriate for the weather conditions on the day.
- Joggers
- Hat

#### **What to bring:**

- water bottle, recess and lunch
- Raincoat
- Sunscreen & insect repellent

Should you wish your child to attend but are experiencing financial difficulty, assistance may be available through the Student Assistance Funds. Please contact Mrs Hardge if you need to discuss this. Be assured that these matters are treated with confidentiality.

Please be advised we adopt a cost recovery model for incursions and excursions. We are required to pay service providers even if your child(ren) is unable to attend on the day and regrettably, we cannot provide a credit or refund.

In keeping with our Student Welfare Policy, only students whose behaviour has been appropriate will be permitted to attend.

**Please return the attached permission note and payment to your child's class teacher by Thursday 19<sup>th</sup> March 2021.**

Angela Tomiczek

Kim Lynch

Chris Dodds

Cathy Lamond

## Sydney Zoo Excursion 2021

I give permission for my child \_\_\_\_\_ of class \_\_\_\_\_ to attend the Sydney Zoo Excursion on 26<sup>th</sup> March 2021. I understand that travel is by seat-belted coach.

☐ I have included payment of \$40

☐ I have paid \$40 online and my receipt number is: \_\_\_\_\_

My son/daughter has the following medical needs

\_\_\_\_\_

Contact number for the day \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_