



Lysterfield Primary School

Bellfield Drive, Lysterfield 3156
Telephone: 9752 7953, Facsimile: 9759 6121



Junior School Twilight Celebration



5th November, 2015

Dear Parents,

An incursion has been arranged involving your child's class. Please read the following details regarding the activity and sign and return the permission slip by the designated date.

Please note: Your child will only be able to participate if we receive a signed permission form by the due date. Phone permission is not acceptable.

*What a fantastic year we have all experienced in the Junior School. To celebrate our successes and our final Inquiry unit 'What lives on a farm?', we have arranged a bush dance and dinner. Students will be wonderfully entertained by the **Blackberry Jam Bush Band's** music and their amazing demonstration of old fashioned musical instruments and thrilling stockwhip techniques. Students will have the opportunity to learn and perform a variety of bush dances. Afternoon tea and dinner will be provided. Students will be signed out from the gym at 7pm by their parents/guardians.*

Classes involved: 1E,1M,1S,1T, 2M, 2H, 2W Date of Incursion: **Monday 30th November 2015 3:30pm -7:00 pm**

Proposed Staffing/Assistance: Miss Meehan, Mrs Elsum, Miss Sloane, Miss Tolley, Mr Hurst, Miss Mellett, Mrs Walker

Return Slip and payment no later than: **Thursday 19th November 2015**

Cost per child **\$19.50**

Signed:.....
Denise Bauer
(Teacher in Charge)

Signed:.....
[Signature]
(Assistant Principal)



INCURSION PERMISSION NOTICE

Junior School Twilight Celebration Monday 30th November 2015 **Return to school by Thursday 19th November, 2015**

I give permission for my child _____ in grade _____ to participate in the **Junior School Twilight Celebration on Monday 30th November.**

CONSENT TO MEDICAL ATTENTION

Where the teacher in charge of this activity is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher in charge to:

- Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner:
 - Administer such first aid as the teacher in charge may judge to be reasonably necessary.
- (Parents of asthmatic children should ensure that they have all necessary medication with them).

Emergency Contact phone number on the night: **Name:**

Parent's/Guardian's Signature: **Date:**

Cost of Incursion: \$19.50

- I enclose **\$19.50**
- I have paid Excursion/Incursion Levy
- I wish to have my CSEF funds allocated to this activity

JUNIOR SCHOOL (Years 1 & 2) CELEBRATION DINNER

Monday 30 November 2015



MENU:

Afternoon Tea: Iced Donut & Fruit Juice Box

Dinner: Celebration Pizza
(Cheese & Bacon OR Ham & Pineapple OR Margharita)
Chocolate Treat
Frozen Juice Cup

Please send completed order form in an envelope, detailing your child's name/grade & JUNIOR SCHOOL CELEBRATION DINNER written on the front. Please also ensure menu items required have been ticked.

This form must be returned to school no later than 3.30pm Thursday 19 November.

For catering purposes ***LATE ORDERS CANNOT BE ACCEPTED***

Please Note: Unfortunately if your child is absent on the day of this Celebration Dinner, we are unable to refund monies for perishable items, as these are pre-ordered.

Thank you, Junior School Teachers

JUNIOR SCHOOL (Years 1 & 2) CELEBRATION DINNER

Monday 30 November 2015

Please return order to school
NO LATER THAN 3.30pm Thursday 19 November.

Name: _____ Class: _____

I wish to order a Celebration Dinner

Please tick type/ variety of Pizza and Juice you require

Cheese & Bacon OR Ham & Pineapple OR Margharita

Apple Juice OR Orange Juice

****Please advise if there are any dietary concerns.**

***** FOR CATERING PURPOSES, LATE ORDERS CANNOT BE ACCEPTED*****

Thank you for assisting with our catering requirements



Bellfield Drive
Lysterfield, Vic. 3156
Fax: 9759 6121
Tel: 9752 7953

Email: lysterfield.ps@edumail.vic.gov.au

Junior School Twilight Celebration

5th November,

Dear Parents,

Please complete and return this release form to your classroom teacher by **Thursday 26th November 2015**. Please complete the form below by ticking the appropriate box and filling in the personal details.

Junior School Celebration 3:30-7:00 pm

I give permission for my child: _____

in Grade: _____ to be released to:

Student released to parent:

Name: _____ phone _____

At 7:00 pm after the Junior School Twilight Celebration on Monday 30th November.

Or

Student released to person nominated by parent:

Name: _____ phone _____

At 7:00 pm after the Junior School Twilight Celebration on Monday 30th November.



Name of Parent/Guardian _____

Signature of Parent/Guardian _____

