



**PAYMENT AND PERMISSION NOTE TO BE RETURNED TO OFFICE BY  
10am Wednesday 3 July 2019**

**NO LATE PAYMENTS/PERMISSION NOTES WILL BE ACCEPTED  
(if there are any circumstances in regard to payment by due date, please do not hesitate  
to contact the school before the due date)**

**\*An electronic version of this note will be sent to your email address as provided by you\***

5 June 2019

Dear Parents/Caregivers

### **Australiana Village Visit – Stage One**

Stage One has been learning about how people lived in the past and how technology has changed over the years to make everyday life easier. To further enhance what has been learnt in class, Stage One students will be visiting Australiana Village to experience the opportunity of seeing early technology and how it was used in early village life.

- When:** Wednesday 24 July 2019
- Time Leaving:** 9.15am
- Time Returning:** 2.45pm
- Cost:** \$30
- Travel:** Bus with seatbelts
- What to Bring:** Recess, lunch, hat, drink, warm clothing and sunscreen.  
Please do not bring money.
- What to Wear:** Sports uniform, sports shoes and a jumper or jacket.

***Would you please fill out the permission slip, medical information sheet and return payment of \$30 to the school office no later than 10am Wednesday 3 July.***

Ms Rothwell  
R/Assistant Principal (Stage 1)

Miss Payne  
R/Principal



Leonay Public School  
"To do your best"



Buring Ave, Leonay 2750  
Email: [leonay-p.school@det.nsw.edu.au](mailto:leonay-p.school@det.nsw.edu.au)

Ph: 4735 5999, 4735 5851, Fax: 4735 6373  
Website: [www.leonay-ps.nsw.edu.au](http://www.leonay-ps.nsw.edu.au)

**Permission slip, medical information sheet and payment of \$30 10am Wednesday 3 July. No late payments will be accepted.**

**Australiana Village Visit – Wednesday 24 July 2019**

I give permission for my child.....of.....class to attend the excursion at Australiana Village on Wednesday 24 July 2019.

.....  
(parent/caregiver) (date)

**Medical Note**

**My child suffers from a medical condition: Yes/No (please circle). If yes, please complete information below:**

Please list below any medical conditions/allergies your child suffers from:

\_\_\_\_\_

Please list any medication (puffer, EpiPen etc) that needs to accompany your child on this activity.

\_\_\_\_\_

.....  
(parent/caregiver) (date)

I have made an online payment for my child.....

My receipt no: is.....