



Seven Hills West Public School

Respectful, Safe, Responsible Learners

Calmsley Hill City Farm Excursion

Wednesday, 12th September 2018

Dear Parent/Caregiver,

The Emu and Wombat Preschool classes will be going on an excursion to Calmsley Hill City Farm. The children will be able to see and pat many types of farm animals, experience a tractor ride, milk a cow and also, watch a stock whip and sheep shearing show. To ensure the children's safety, four staff members will be attending the excursion, as well as enough parent volunteers to have a 1:5 ratio. We will be travelling by a private coach.



Date: Wednesday, 12th September, 2017

Where: Calmsley Hill City Farm at 31 Darling St, Abbotsbury

Time: 8:45am- 3:00pm

Cost: \$30.00

What to bring: Hat, drink bottle and a plastic bag containing recess and lunch, labelled with the child's name. **NO** lunch boxes or Tupperware containers. **Everything must be disposable.**

Preschool students are to wear their Preschool T-shirt

Please note: All children **MUST** be at preschool at **8:45am**, as the bus will be leaving at **9:00am sharp**.

Please sign the permission note below and return with payment to the office by **Friday, 31st August, 2018**
Attendance at this event is dependent upon behaviour and is at the discretion of the School Executive.
This activity has the approval of the Principal.


Ms K Becker

Principal

01.08.18

Miss A Craig

Preschool Teacher

✂.....✂

Cnr Lucas Road and Sackville Street Seven Hills NSW 2147
Telephone: 9622 2136 Facsimile: 9831 6437 Email: sevenhillw-p.school@det.nsw.edu.au



A Proud PBL School (Positive Behaviour for Learning)



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SEVEN HILLS WEST PUBLIC SCHOOL

Calmsley Hill City Farm Excursion

Wednesday 12th September, 2018

I give permission for my child of class
to participate in the Calmsley Hill City Farm Excursion on Wednesday 12th September, 2018 between 8:45am
and 3:00pm.

- I understand that travel will be by public bus
- Enclosed is \$30.00 to cover the cost of the bus and farm entry
- I have made an online payment with Receipt Number
- My child has the following special medical/dietary needs:
.....

Signature:

Date:

Parent/Caregiver

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