



## **Kindergarten Excursion to Riverside Theatre**

30<sup>th</sup> August, 2018

Dear Parents and Carers,

An excursion has been organised for all students in Kindergarten to support our Creative and Performing Arts drama unit by attending a performance of 'The Gruffalo's Child' at Riverside Theatre at Parramatta

**Date:** Tuesday 23<sup>rd</sup> October 2018

**Time:** Buses leave at 11:15am. Students will be back at school for dismissal at 3.15pm.

**Wear:** Full school uniform including hat and black school shoes.

**Bring:** A small backpack with crunch and sip, recess, lunch and a water bottle.

In the event of wet weather, the excursion will go ahead. Students are to wear a raincoat and bring a plastic bag to store wet coats inside their backpacks. No umbrellas will be permitted.

The cost of the excursion is \$32.00. Please complete the following permission note and return it with your payment in an envelope clearly labelled with your child's name and class no later than Friday 14<sup>th</sup> September.

Payment can be made by cash, cheque (payable to Putney Public School) or pay by credit card online via the school website. If paying online via the school website go to the Parent Online Payment tab – follow the directions (detailed instructions on the bottom of the webpage) enter under payment options *Excursions* enter payment description as '*Riverside Theatre*' and enter amount paid. When completed enter receipt number on your tear off permission note below.

J. Koletti  
Principal

S. Cimen, K. Donnelly, B. Fletcher, E. Smee  
Early Stage One Teachers



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### **Kindergarten Excursion to Riverside Theatre**

*(Please return to class teacher by Friday 14<sup>th</sup> September 2018)*

Child's Name: \_\_\_\_\_

Class: \_\_\_\_\_

I give permission for my child to attend the Term 4 Riverside Theatre excursion on 23<sup>rd</sup> October 2018. I understand he/she will be travelling by bus.

I enclose \$32.00 as payment for the excursion.

OR

I have made an online payment. My receipt number is: \_\_\_\_\_.

My child has the following medical conditions that you need to be aware of to participate in this activity (eg. asthma, allergy, etc).

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Signed: \_\_\_\_\_

Date: \_\_\_\_\_