

Dear Parents and Caregivers,

Our year 4's are learning about Early Exploration, including learning about the Dutch East Indies Company and the Spice Trade, which lead to a number of Dutch and Portuguese shipwrecks along the Western Australian Coast during the 1500's, 1600's and 1700's.

Rooms 21 and 22 will be going on an excursion on Friday 9th May to the Fremantle Shipwreck Gallery, where a number of relics from these wrecks are kept.

We will be **leaving at 8.40am**, so the students will need to be here before the siren. The doors will be open a little earlier to give us a chance to complete the student attendance register and make sure everyone has the things they need.

The students need to wear full school uniform, including their blue school shirt and school hat. They will also need to bring their recess, lunch and water bottle. They will take these in their school bag.

The cost is \$21.00 and we are hoping to have permission slips and payments in by Thursday 1^{st} May.

We would love as many volunteers as possible, but cannot fit any parents onto the bus. We have already been in communication with parents via Seesaw and have some that are willing to take their own children to meet us in Fremantle to save us from having to hire another bus. This would make it far too expensive. Thank you to those parents who have volunteered to do this.

It is a wonderful place to explore.

Kind regards, Ms Helen McLernon Mrs Fiona Nutz Room 22 Room 21



PERMISSION SLIP

I give my child (insert name) ______ *permission to attend the excursion to the Fremantle Shipwreck Gallery on Friday 9th May, 2025 and have enclosed \$21.00.*

Emergency contact number ______Alternative emergency contact



Where it is not practical to communicate with me, I authorise the teacher in charge of the excursion to consent to my child receiving such medical treatment as may be considered necessary. I am aware that Education Department insurance does not cover personal accidents through misadventure nor loss or damage of personal belongings.

_____Parent Signature __

Please fill this part in <u>ONLY if you are able to be a parent helper on the day</u>.

Student name:_____

Parent name___

Parent phone number:_____


