

# Gilgandra Public School

## Honesty & Courtesy



Principal  
Patricia Howard

P.O Box 19  
Gilgandra NSW 2827  
Email: gilgandra-p.school@det.nsw.edu.au

Telephone: (02) 6847-2043  
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Dear Parents/Carers.

### Stage 1 Annual Excursion

This year Stage 1 students will be going to the Wellington Caves for their annual excursion. This will be held on Thursday 31 October 2019. Students will travel by bus which will be subsidised by the school. The cost of the excursion will be \$18.00 which will cover a guided tour at the Wellington Caves, a train ride on the XPT from Wellington to Dubbo and an afternoon snack.

Students are able to wear comfortable, sensible clothes; including a hat and joggers. They will need to bring a packed lunch, recess and a water bottle. An afternoon snack will be provided.

Please complete the attached permission note and return to school with the \$18.00 payment. **To ensure your child secures a ticket on the train, notes need to be returned to school by Monday 21 October and payment made by Friday 25 October.**

We apologise for the short notice as we were waiting for confirmation from NSW Trainlink. If you have any questions regarding the excursion, please feel free to contact Mr Batten during school hours.

#### Excursion itinerary:

9:30	Depart Gilgandra Public School
10:40	Arrive Wellington Caves
10:40	Recess
11:15	Tour of caves
12:15	Lunch
1:05	XPT– Wellington to Dubbo
3:00	Arrive Gilgandra Public School

Patricia Howard  
Principal

Owen Batten  
Teacher

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I give permission for my child \_\_\_\_\_ to participate in the excursion to the Wellington Caves on Thursday 31 October.

The cost of the excursion is \$18.00 which will cover the cost of a tour of the caves, the train ride and an afternoon snack.

Buses will depart Gilgandra Public School at 9:30am and will return at approximately 3:00pm.

In case of emergency I give permission for my child to be transported, by ambulance if necessary, to the nearest hospital for assessment/treatment.

**Please also complete the medical details below.**

Medicare Card Number: .....

Health Fund: ..... Membership No: .....

**Medical Conditions** (Please tick those that apply to your child and give details and dosage of any medications given)

☐ Asthma .....

☐ Allergies .....

☐ Glasses/Contacts .....

☐ Other .....

☐ Specific Food Requirements .....

Name of Family Doctor .....

Phone: .....

Emergency Contact.....

Phone: .....

Print Name

Signed: .....

Parent/Carer

Date: .....