



# Jasper Road Public School

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13 November 2018

## Parent/Carer Information and Consent Form- Lollipops Playland Castle Hill

Dear Parent/Carer,

For our end of year celebration and as part of our Science unit 'On the Move', Kindergarten will be attending Lollipops Playland Castle Hill on **Tuesday 18 December 2018**.

The cost is **\$25.00**. If your child is absent from school on the day and you have returned the consent form, the bus cost will still apply.

Travel will be by bus and the group will be supervised by: **Miss Pickering, Mrs Walshaw, Miss Bell, Mrs Neckerauer, Mrs Whelan, Miss Alwan, Mrs Dzang and Mrs Yatras** [teachers attending are qualified in emergency Care and/or CPR].

Students will depart from Jasper Road Public School at 9:00am and return to school between 1:30 to 2:15pm. Please arrive at school by 8:45am to ensure we are ready to leave on time. Students are required to wear their **sports' uniform**.

Lunch is being provided by Lollipops Playland and has been included in the cost of the excursion. Students will receive hot chips, a cheese and vegemite sandwich and cordial or water. Please indicate on the return slip below whether your child is gluten intolerant or has any allergies to the foods listed above.

Please note that your child's attendance on this out-of-school experience is optional, but their inclusion on the excursion depends upon payment to cover the excursion costs being met and their behaviour being of an acceptable standard.

Yours faithfully

Mr Craig Warner  
Principal

Miss Pickering  
Assistant Principal (Early Stage One)

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**PLEASE RETURN THE CONSENT FORM AND PAYMENT TO YOUR CHILD'S TEACHER  
BY THURSDAY 29 NOVEMBER 2018 (No payments can be accepted after this date)**

I hereby consent to my son/daughter \_\_\_\_\_ in class \_\_\_\_\_  
(First Name and Surname)

to attend Lollipops Playland Castle Hill on Tuesday 18 December 2018.

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

I enclose payment of \_\_\_\_\_

Special needs of your child of which we should be aware (e.g. allergies, medication – please provide full details).

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Name and Signature of Parent/Carer

/ /  
Date