



# Jamisontown Public School

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Monday 8 March

## Kindergarten Calmsley Hill City Farm Excursion

Dear Parents and Caregivers,

We are excited to inform you that Kindergarten will be participating in an excursion to Calmsley Hill City Farm on **Friday 30 April** for a fun day of learning on the farm.

On the day, students will depart from school at **9.00am** and return to school by **3.00pm**, travelling by coach. Students will be supervised by Mrs O'Keefe, Mrs Sydeny-Jones, Mrs Moller, Mrs Quigley, Mrs Dekruif, Mrs Lear and Mrs Denny.

Students will need to wear full school uniform, school sun-safe hat and joggers. The students will need their recess, lunch and two drinks clearly labelled with their name for the day.

This excursion has been organised to support the learning within the Kindergarten Science unit, "Living Things". As part of the learning experience offered later in Term 2 students will also participate in a live duck hatching program, where students experience a group of ducks hatch.

The combined cost of both these experiences is \$40.00. The excursion may be paid in full or by a part payment plan. Final payment needs to be completed by **3.00pm Friday 23 April 2021**. If you require financial assistance or payment plan for this excursion please contact your child's class teacher. If the excursion needs to be cancelled for any reason, any money paid will be refunded or a credit given.

Yours sincerely

Mrs Sydney-Jones, Mrs O'Keefe, Mrs Moller, Mrs Quigley  
Kindergarten Teachers

Jason Clarke  
Principal

### Calmsley Hill City Farm Excursion Permission

I give permission for my child \_\_\_\_\_ of class \_\_\_\_\_ participate in the educational excursion to Calmsley Hill City Farm on Friday 30 April. I understand that travel is by bus and I enclose \_\_\_\_\_ as payment for this excursion.

The following are special/medical needs of my child that need to be considered:

Parent/Caregiver Name: \_\_\_\_\_ Parent/Caregiver Signature: \_\_\_\_\_

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

#### JAMISONTOWN PUBLIC SCHOOL - POP PAYMENT SLIP



Student Name: \_\_\_\_\_ Class: \_\_\_\_\_

Student Name: \_\_\_\_\_ Class: \_\_\_\_\_

POP - Receipt Number: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Payment for: \_\_\_\_\_