

Kurrajong Road Narre Warren 3805 Tel: 9705 6055 Fax: 9705 6113

March 11th, 2016

Dear Parents,

SOVEREIGN HILL CAMP 2016

This letter is to confirm the cost for the Grade 5 overnight camp to Sovereign Hill on Tuesday July 26th and Wednesday July 27th. We will be travelling to Sovereign Hill by coach, meeting at the school at 7.45am for an 8 am departure on Tuesday July 26th and returning on Wednesday July 27th at approximately 3pm. We will put a list of requirements and an itinerary together closer to the camp date.

We will be staying at Sovereign Hill Lodge just outside the gates to Sovereign Hill. Once we are settled into our accommodation [bunk bed rooms accommodating up to 10] we will enter Sovereign Hill to begin the program.

The total cost of the camp is \$165 and can be paid in instalments. We understand that this is a large amount of money, but believe that the venue and activities that are conducted are a fabulous learning experience. The price includes coach fare, entry to Sovereign Hill, Blood on the Southern Cross Sound and Light Show, dinner on Tuesday, breakfast and a cut lunch on Wednesday, plus overnight accommodation in the Sovereign Hill Lodge. Students will need to bring a snack, lunch and drink on the first day.

We are asking for three payments [1 x \$45.00 and 2 x \$60.00] to be made; the first of which is due by $\begin{tabular}{l} \begin{tabular}{l} \beg$

Please do not hesitate to contact your child's teacher if you have any questions or concerns relating to any of the above.

Kind regards,

Grade 5 Team

SOVEREIGN HILL STUDENT PERMISSION FORM

I give permission for my child	in grade
to travel by bus to Sovereign Hill in Ballarat on Tu Wednesday July 27th, 2016.	esday July 26th, returning to Oatlands on
I authorise the teacher in charge to consent, when receiving medical or surgical treatment as may be related medical expenses.	
Signed:	
[Parent / Guardian]	······································
Name:	
[Print Name]	
Emergency Contact Numbers on July 26th—	27th, 2016.
Parent/Guardian: 1st: Home:	Work:
2nd:Home:	Work:
1st emergency contact: Name:	
Relationship to student:	
Contact Number:	
2nd emergency contact:	
Name:	
Relationship to student: Contact number:	
Medicare Number:	
Ambulance Subscriber: Yes / No	

SOVEREIGN HILL GRADE 5 CAMP – Final Payment 26/7/16 – 27/7/16

Student:	Grade:	
Final Payment due: Thursday 16 th June 2	2016	\$45
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SOVEREIGN HILL GRADE 5 CAMP 26/7/16 – 27/7/16	– 2 nd Payment	
Student:	Grade:	-
2 nd Payment due: Thursday 12 th May 201	16	\$60
********	<>>>>	:×××
SOVEREIGN HILL GRADE 5 CAMP – 1 st Payment 26/7/16 – 27/7/16		
Student:	Grade:	-
1 st Payment due: Wednesday 23 rd March	n 2016	60
I choose to use my CSEF as payment towards the cost of this camp.		