



# Thomas Acres Public School

Crispsparkle Drive, Ambarvale NSW 2560

Telephone: (02) 4626 4577

Fax: (02) 4626 8488

Email: thomasacre-p.school@det.nsw.edu.au

www.thomasacre-p.schools.nsw.edu.au



Dear Parent/Carers,

28 August 2025

EXCURSION/EVENT	<b>Sydney Aquarium &amp; Wildlife</b>		YEAR/STAGE	<b>Stage 1</b>
DATE	Monday, 3 November 2025		COST	\$46:00 <i>Payment may not be refundable</i>
VENUE DETAILS	Sydney Sealife Aquarium and Wildlife World, Darling Harbour			
TRAVEL ARRANGEMENTS	METHOD	Bus		
	DEPART	Thomas Acres Public School	DEPART	8:00 am
	RETURN TO	Thomas Acres Public School	RETURN	3:15 pm
MEAL ARRANGEMENTS	Required - please provide lunch, recess and a drink			
UNIFORM DETAILS	School uniform, hat and school bag			
ORGANISER/TELEPHONE	Mrs Karen Kous – phone 4626 4577			
PAYMENT DUE DATE	1 October 2025			
EDUCATIONAL OUTCOME	GE1-1, ST1-4LW-S The SEA LIFE Sydney Aquarium and Wildlife World, provides students the opportunity to learn about the features of living things and their environments. Students will also identify famous Australian landmarks around Sydney to develop their knowledge of places in Australia.			

If you wish for your child to attend, please complete the Permission Note and return it to the Office, along with your payment method by the due date. If you are unable to pay by this date, please contact the Office to see if an extension is possible, before the due date. **Late payments cannot be accepted without prior arrangement.**

Thank You –Mrs Williamson, Mrs Karen Kous, Mrs Navarrete, Mr Morris, Mr Kumar, Mrs Cunningham, Miss Willmott & Mrs Safi



## PERMISSION FOR STAGE 1 - SYDNEY AQUARIUM & WILDLIFE WORLD

I hereby give permission for my child \_\_\_\_\_ of class \_\_\_\_\_ to attend Sydney Aquarium & Wildlife world Excursion/Event on **Monday, 3 November 2025** at a cost of \$46 I understand that travel will be by **Bus** My child has the following health condition(s):

☐ Anaphylaxis ☐ Asthma (severe or mild) ☐ Allergies \_\_\_\_\_ ☐ Other \_\_\_\_\_

Parent/Carers Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE ENSURE THIS NOTE IS SIGNED & RETURNED AS PROOF OF PERMISSION TO ATTEND**

**Please select one (1) payment method below**

☐ **ONLINE** via **Sentral for Parents App**. There is no need to return this note if you have given permission online.

☐ **EFTPOS** - Accepted only by tapping/swiping card directly into EFTPOS terminal located in the Office. *Phone payments not accepted – consider using Online method instead.*

☐ **CASH** - enclosed is \$\_\_\_\_\_. Adult making this payment (*please print*) \_\_\_\_\_

☐ **CREDIT** - please use \$\_\_\_\_\_ credit for this payment.



Office  
use