

child has:

☐ Anaphylaxis

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.thomascre-p.schools.nsw.edu.au



STRIVE	www.thomascre-p.schools.nsw.edu.au					
ear Parent/Carers,				13 Nove	ember 202	
Excursion/Event	Heartbeat Sydney Zoo Excursion YEAR/STAGE			Stage 3		
Date	Wednesday, 20 November 2024 Cost			\$0 Payment may not be refundable		
VENUE DETAILS	Sydney Zoo. Great Western Highway, Bungarribee NSW					
TRAVEL ARRANGEMENTS	METHOD Bus					
	DEPART	Thomas Acres Public School	DEPART	8:30a	m	
	RETURN TO	Thomas Acres Public School	RETURN	2:55p	m	
MEAL ARRANGEMENTS	Required - please provide lunch, recess and a drink					
UNIFORM DETAILS	School uniform, hat and school bag					
ORGANISER/TELEPHONE	Mrs Kinchela and Aboriginal Education Team — phone 4626 4577					
PAYMENT DUE DATE	15 November 2024					
EDUCATIONAL OUTCOME	between Wes	erience that is being provided to Hea stern Sydney University and Sydney Zo ease ensure you complete the online r ernsydney.edu.au/hbapplication2024	oo. Places in th	e Cultural Experie	•	
<u> </u>		se complete the Permission Note and Thank You – Mrs Kinchela ar TAGE 3 - HEARTBEAT SYL	nd Aboriginal	Education Team		
hereby give permission for my child					to attend	
	•					

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

understand that travel will be by Bus I also understand this payment is Error! Reference source not found. My

☐ Asthma (severe or mild) ☐ Allergies

Please select one (1) payment method below

Ш	<u>ONLINE</u> via Sentral for Parents App. There is no need to return this note if you have given permission online.
	<u>EFTPOS</u> - Accepted only by tapping/swiping card directly into EFTPOS terminal located in the Office. <i>Phone payments not accepted – consider using Online method instead.</i>
	<u>CASH</u> - enclosed is \$ Adult making this payment (please print)

☐ <u>CREDIT</u> - please use \$_____ credit for this payment.

Parent/Carers Signature:



☐ Other

Date: ____/___