



St Gregory's Primary School

PO Box 723, Queanbeyan NSW 2620
Email: office.stgregs@cg.catholic.edu.au



2nd August, 2017



Dear Parents and Carers,

As part of our unit on Healthy Active Kids, Year 2 will be going on an excursion to **The Australian Institute of Sport**, followed by the **Belconnen Fresh Food Markets** on **Thursday, 7th September 2017**.

We are calling for volunteers to meet the Year 2 students and teachers at the markets to act as a guide to a small group of students. Each student will be given \$2 to spend at the market. Part of your role will be to assist your group members to make healthy food purchases. It is hoped that together your group will purchase a variety of foods that cater for a balanced diet.

Volunteers are not required to attend the Australian Institute of Sport component of the excursion.

Each class group requires at least three adult volunteers to meet the buses at the **Belconnen** markets at **12:00 midday**. After spending half an hour purchasing food with your group, the volunteers are required to return to school to prepare the food. On return to school the students will enjoy their purchases as part of a healthy food celebration.

If you are able to volunteer your time to assist with our healthy food choices and celebration, please complete the availability slip below and return it to your child's classroom teacher by Friday 18th August to allow for the planning of what will be a wonderful day for our healthy, active kids!

Thank you for your continued support.

Year 2 Teachers.

(Please retain the above note for your information)

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I am able to assist with by accompanying a small group of students at the **Belconnen Fresh Food markets from 12:00 midday till 12:30pm on Thursday September 7th, 2017**. I am also able to assist with the preparation of a healthy food celebration at school immediately after the Belconnen Markets excursion.

Name: _____

Phone: _____

Child's name: _____

Class: _____



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STUDENT EXCURSION PERMISSION FORM

Year 2 are going on an excursion to **The Australian Institute of Sport and the Belconnen Fresh Food Markets** on **Thursday, 7th September, 2017**. We will be travelling by bus, departing school at 9:15 am and returning by 1:30pm.

SCHOOL STATEMENT:

This event has been carefully planned. Supervision of pupils will be conscientiously carried out, but the teachers do not expect, nor are they prepared to spend time with discipline problems. Any pupil who fails to comply with the rules, arrangements and/or spirit of the excursion will be returned to school.

SCHOOL UNIFORM:

As the pupils are representing St Gregory's on this excursion, we expect that they be dressed in full and correct uniform. Failure to fulfil this obligation will mean non-participation.

For the purposes of this excursion full **winter sport** uniform must be worn.

LUNCH ARRANGEMENTS:

Lunch orders **will not** be accepted on this day.

*****Please return the slip below by 18/08/2017. Retain the top half for your own information*****

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TO: St Gregory's School

Attention: _____

PUPIL'S STATEMENT:

I am willing to obey the school rules whilst attending this event and will participate and cooperate in the official happenings as is expected of me.

Signature of Pupil _____ Date / /

As Parent/Guardian of _____ (Please print Christian & Surname)

I _____ give my consent for him/her to participate in the excursion to **The Australian Institute of Sport and the Belconnen Fresh Food Markets** on **7/09/2017** travelling by bus, and agree to delegate my authority to the staff and instructors involved. Such teachers and instructors may take the appropriate disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group, or individually, in the above-mentioned activity.

I also authorise the teachers and instructors to obtain medical assistance which they deem necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of the above student. I further authorise qualified practitioners to administer anaesthetic if such an eventuality arises.

Signature of Parent/Guardian _____ Date: _____