

Tuesday, 30th August 2022

Stage 2 HISTORY EXCURSION FIRST CONTACTS - The Museum of Sydney

Dear Parent / Guardian,

<u>OUTLINE AND PURPOSE OF EXCURSION</u>: To complement the Stage 2 History unit *First Contacts*, the students will visit The Museum of Sydney to participate in their "Who's Place?" program where they will be guided through the museum spaces and participate in structured learning activities that help them to identify different points of view and explain why people in the past may have behaved as they did. They will analyse artworks and displays of artefacts, handle objects, and work in small groups to learn about Aboriginal people's experiences before and after the arrival of Europeans.

<u>VENUE</u>: Circular Quay and The Museum of Sydney (cnr of Phillip & Bridge St, Sydney)

DATE: Thursday 20th October 2022 (Week 2, Term 4)

COST: \$30.00

METHOD OF TRANSPORT: Coach

DEPARTURE TIME: BE AT SCHOOL AT **8.15am for an 8:30AM departure.**

APPROX. TIME OF RETURN: 2:50pm

DRESS: Sports uniform and school hat

<u>WHAT TO BRING</u>: Students to bring their recess, lunch and water. Please pack all in a <u>LIGHT</u> back pack as the children will need to carry it for a period of time. Please make sure that all items are clearly labelled.

STAFF ATTENDING: Mrs Bartley, Ms Flett, Mrs Dow, Mrs Harris and Mrs Wootton.

STAFF MEMBER WITH EMERGENCY CARE TRAINING: All staff

The Department of Education requires all students on excursions to have a current medical information form. If you have not filled one in this year or there are changes to your previous form could you please indicate below.

Please complete the permission note below and return to the school by Thursday 22nd September, 2022 (Week 9).

Thank you

Stage 2 Teachers Mrs Williams, Principal

	LUGARNO PUBLIC	SCHOOL PERMISSION	I NOTE – Stage 2 His	tory Excursion
I hereby consent for m Museum of Sydney ex				to participate on the
I understand that trave	el will be by bus and er	close \$30.00 to cove	r the cost of the excu	ursion.
Please tick if paying on	line Re	ceipt number		
Parent / Guardian com	ments regarding any s	pecial medical needs	eg. allergies etc.	
Please indicate if you n	eed to update your ch	ild's Medical Informa	tion Form. YES / N	10
I give permission for m	y child to receive med	ical treatment in case	e of emergency. YES ,	/ NO
Parent / Guardian:		lq) (pl	ease sign) Date:	
Expression of Interest				
• •	below. If there is mor	e than one, the sele	cted parent will be	s (one parent per class) please randomly pulled out of a hat.
I am interested in atte number. Please tick and return		·		as a parent helper and have a WWC
Yes (please tick)	Signed:		Child's name:_	
WWCC Number:				