

17 June 2021

Dear Parents/Carers

An excursion has been organised for Stage 3 students on **Thursday 22 July** to the Art Gallery of NSW. Students will experience a self-guided tour of the NSW Gallery and enjoy viewing the Archibald Prize artworks that have been submitted for 2021. Recess and lunch will be held in the Botanical Gardens. This excursion complements our Art unit, which the students engaged with last term around portrait painting. We will be having our own Oakibald Prize in Week 3, of Term 3.

| Details are: | |
|----------------|---|
| Date: | Thursday 22 July |
| Cost: | \$29.00 - This cost will be itemised on your Term 3 invoice |
| Travel: | Bus — departs school at 9:45am and returns by 3:00pm |
| What to wear: | Full school uniform (face masks optional) |
| What to bring: | Recess, lunch and a drink in a very small excursion bag or similar. |
| _ | There will be no cloak room facilities |

Please complete the attached permission slip and return it to your child's class teacher by **Thursday 15 July.**

Based on current Covid restrictions, parent helpers will be invited to accompany a small group of children on this excursion. If you would like to assist, please complete the slip below and return to your child's teacher, who will contact you if you are to attend. (Unfortunately, no siblings are able to attend with parent helpers). Any parent volunteering to assist with excursions must have completed the working with children check – declaration for volunteers (available from the school office) and have provided 100 points of identification. Please contact the school office if you have already completed this form.

| Danielle McDonald | Betty Ploeg |
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| Organising Teacher | Principal |
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Please complete the permission slip and return it to your child's class teacher by **Thursday 15 July**.

NSW ART GALLERY - ARCHIBALD PRIZE Stage 3 Excursion

I give permission for my child _______ to attend the excursion at the NSW Art Gallery and Botanical Gardens on **Thursday 22 July**.

I would like to volunteer for this excursion. Name: _____

I agree to meet the cost of \$29.00 for this excursion on the Term 3 invoice and will make payment by the due date.

My child has the following medical condition/s ______

Signature: _____

(Parent/Carer)

Date: _____