# Fine to Live

### KENT ROAD PUBLIC SCHOOL

10<sup>th</sup> February 2021

Dear Parents and Carers,

On Wednesday 3<sup>rd</sup> March students in 1S, 1P and 1H will take part in an excursion to the Schoolhouse Museum at North Ryde Public School. All participating students will engage in a unique experience in an 1880s school lesson to examine and explore school days of the past. Students will be given the chance to write on slate boards and dress in pinafores and sailors' collars. They will enjoy 'olden day' playground games and compare life of the past to that of today. The excursion will complement the History and Literacy unit "Past and Present".

Students will be travelling by bus to and from the Schoolhouse Museum located at North Ryde Public School. The classes will depart from Kent Road Public School at 9.30am and return to school by 3.00pm.

Students are to wear their school uniform and school hat. Students will need to bring morning tea, lunch and a bottle of water in a school bag, along with a raincoat.

Please note that students **cannot order from the canteen** on that day.

The cost of the excursion is **\$30 per student**.

Payment can be made by cash, cheque or online at <a href="https://kentroad-p.schools.nsw.gov.au/">https://kentroad-p.schools.nsw.gov.au/</a> When paying online please include the following payment description code: YR1XM

Should you have any questions and concerns please speak to your child's class teacher.

Kind Regards, Mrs Sarti, Ms Power and Miss Hendry

# **KENT ROAD PUBLIC SCHOOL**

Detach and return this signed consent form to your child's class teacher by **Friday 26**<sup>th</sup> **February 2021.** 

#### **Schoolhouse Museum**

I give permission for	in class	to attend the Schoolhouse
Museum on <b>Wednesday 3</b> <sup>rd</sup> <b>March 2021</b> .	I understand the childre	en will travel by bus to the venue
and will be supervised by teachers at all tin	nes.	
I understand that my child will receive medi	ical treatment in the cas	se of an emergency.
IMPORTANT NOTE:		
<ul> <li>When a medical practitioner has prescribed meadministered during the excursion, parents are</li> <li>Bringing this need to the attention of the</li> <li>Ensuring that the information is updated</li> <li>Supplying the medication and any 'consmedication should be well within its exp</li> <li>Collaborating with the school in working prescribed medication for the duration to supply the medication in a different with may be asked to supply an additional and</li> </ul>	responsible for: e school d if it changes sumables' necessary for it iry date. g out arrangements for the of the excursion. For some vay to what has been alre	ts administration in a timely way. The e supply and administration of the e excursions the school will ask you ady been agreed to by school. You
I have enclosed \$30 deposit paid	d in cash.	
☐ I have paid <b>\$30</b> <u>online</u> . Order nu	ımber	<del> </del>
Online payment description co	ode: <b>YR1XM</b>	
Signature	Date	

## KENT ROAD PUBLIC SCHOOL

**Student Details** 

#### Make a Payment Fill in student details. Enter your payment details below. Fields marked with an asterisk (\*) are mandatory Student Details 🗸 'Student Registration Number' is Student Registration Number not required. Leave blank **Given Name** \* Enter both Class/Year & Ref Number, or Date of Birth: 'Ref Number' is not required. Leave blank Ref Number Next Section Cancel Payment **Contact Details** E Contact Details 🗸 Please complete all sections ⋆ Contact Full Name e.g. 0249512345 or (02) 49512345 ◆ Contact Phone Number ◆ Contact Email Address **Payment Items** Cancel Payment Select the payment type. 📜 Payment Items Add in the payment description code as listed on the permission Payment Type Description Amount note followed by the amount. Total Amount 0.00 AUD If you need to pay another amount Cancel Payment Add Another Payment **Next Section** please select 'Add Another Payment'. Please do not combine payments in one payment type. **Card Details** ■ Card Details Complete all sections using your \* Cardholder Name payment card details followed by VISA \* Credit Card Number 'Proceed to Confirmation'. \* Expiry Date **y** / 19 Card Verification Number (CVN) Cancel Payment