



# KENT ROAD PUBLIC SCHOOL

10<sup>th</sup> February 2021

Dear Parents and Carers,

On Thursday 4<sup>th</sup> March students in 1V, 1F and 1K 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 <https://kentroad-p.schools.nsw.gov.au/>

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,  
Mr Vogels, Miss Fisher and Miss Kennett

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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 **Thursday 4<sup>th</sup> March 2021**. I understand the children travel by bus to the venue and will be supervised by teachers at all times.

I understand that my child will receive medical treatment in the case of an emergency.

### **IMPORTANT NOTE:**

When a medical practitioner has prescribed medication (including emergency medication) that will need to be administered during the excursion, parents are responsible for:

- Bringing this need to the attention of the school
- Ensuring that the information is updated if it changes
- Supplying the medication and any 'consumables' necessary for its administration in a timely way. The medication should be well within its expiry date.
- Collaborating with the school in working out arrangements for the supply and administration of the prescribed medication for the duration of the excursion. For some excursions the school will ask you to supply the medication in a different way to what has been already been agreed to by school. You may be asked to supply an additional adrenaline autoinjector (i.e. EpiPen®) for example.

I have enclosed **\$30** deposit paid in cash.

I have paid **\$30 online**. Order number \_\_\_\_\_

Online payment description code: **YR1XM**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# KENT ROAD PUBLIC SCHOOL

## Make a Payment

Enter your payment details below. Fields marked with an asterisk (\*) are mandatory.

### Student Details

Student Registration Number  If this 9 digit number is on the Statement issued by the school, please enter the number of the student's name.

\* Given Name

\* Surname

\* Enter both Class/Year & Ref Number, or Date of Birth:

Class or Year

Ref Number  This number may be on the top of the invoice or statement. Ref.

Date of Birth  e.g. 14/05/2010.

If you wish to make a payment for another student, first complete this payment. There will be an option to re-use your details for another payment.

### Contact Details

\* Contact Full Name

\* Contact Phone Number  e.g. 0249512345 or (02) 49512345



\* Contact Email Address

### Payment Items

Payment Type	Description	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total Amount</b>		<b>0.00</b> AUD

### Card Details

\* Cardholder Name

\* Credit Card Number   

\* Expiry Date  /

\* Card Verification Number (CVN)  [What is the CVN?](#)

## Student Details

Fill in student details.

*'Student Registration Number' is not required. Leave blank*

*'Ref Number' is not required. Leave blank*

## Contact Details

Please complete all sections

## Payment Items

Select the payment type. Add in the payment description code as listed on the permission note followed by the amount.

*If you need to pay another amount please select 'Add Another Payment'. Please do not combine payments in one payment type.*

## Card Details

Complete all sections using your payment card details followed by 'Proceed to Confirmation'.