



MOUNT WAVERLEY  
**HEIGHTS**  
PRIMARY SCHOOL

36 Solomon Street, Mount Waverley, VIC, 3149  
T: (03) 9807 8120 F: (03) 9888 1921  
E: [mountwaverley.heights.ps@edumail.vic.gov.au](mailto:mountwaverley.heights.ps@edumail.vic.gov.au)  
W: [www.mountwaverleyheightsps.vic.edu.au](http://www.mountwaverleyheightsps.vic.edu.au)  
follow us on Facebook 

## Year 1/2 Scienceworks Excursion

**Date:** Friday 28<sup>th</sup> April, 2017

**Depart school:** 9:00am

**Return to school:** 3:15pm (approx.)

**Cost:** Deducted from Excursion Levy

Tuesday 28<sup>th</sup> March

Dear Families,

As part of our Term 2 Inquiry unit on “**Change - Stimulating Science**”, Year 1/2 students will attend an excursion to Scienceworks. A visit to Scienceworks at the beginning of the term, will stimulate students’ curiosity, as they are immersed into the world of science and explore fascinating aspects of biology, chemistry, physics and earth sciences throughout Term 2.

At Scienceworks students will participate in the **Nitty Gritty Super City** exhibition and **Guess Again** interactive science show, both designed to develop and practise essential skills including: guessing, observing, sorting, matching, grouping, measuring and working safely.

**Nitty Gritty Super City** engages students in a variety of activities, developing their understanding of the world around them. Set in an imaginary city, students are able to explore a recycling factory, visit the exhibition cafe, record their own weather report and steer a ship, create in the construction zone, drive a digger and pedal the pianola.

**Guess Again** takes students through a number of demonstrations. Students are encouraged to make hypotheses (guesses) about what will happen in a variety of different experiments and to be aware that all guesses are valid. Demonstrations include soap bubble chemistry, stored energy toys and sorting activities.

For this excursion all students need to bring a **SNACK, LUNCH** and **DRINK**, all labelled with their name and in separate disposable packaging.

We welcome parent helpers for this excursion. If you are able to assist and have a current **Working with Children Check** and have signed the school’s ‘**Child Safety Code of Conduct**’ form (please see Lynn up at the school office or your child’s classroom teacher for a copy of the form), please notify your child’s classroom teacher.

Please complete the attached permission form and return to your child’s teacher by **Friday 21<sup>st</sup> April**.

Yours sincerely,

Emma Thomas, Julianne Marshall and Frieda Apostolopoulos

## PERMISSION FORM

Please return by Friday 21<sup>st</sup> April

**TITLE:** Year 1/2 Scienceworks Excursion

**DATE:** Friday 28<sup>th</sup> April, 2017

I give permission for my child to travel by bus to **Scienceworks** on **Friday 28<sup>th</sup> April**. I authorise the teacher in charge of the excursion to consent, where it is impractical to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary. I understand that the Department of Early Childhood Education & Development does not provide student accident cover insurance.

**Student's Full Name:** \_\_\_\_\_ **Class:** \_\_\_\_\_ **Date of Birth:** \_\_\_/\_\_\_/\_\_\_

### PLEASE TICK IF YOUR CHILD SUFFERS ANY OF THE FOLLOWING:

- Fits of any type     Blackouts     Travel Sickness     Dizziness     Migraines  
 Asthma    (Ensure the school has a current Asthma Management Plan)

\*Please note that all Asthma puffers (e.g. Ventolin) should be kept with students at all times.

Allergy (e.g. bee/wasp, nuts, Penicillin, other) to \_\_\_\_\_  
(Ensure the school has a current Allergy Plan)

Other please specify: \_\_\_\_\_

Special care is recommended: \_\_\_\_\_

Is your child currently taking any medications? Yes / No

If yes, please state the name of and dosage of medications: \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Number on the day:** \_\_\_\_\_

*Emergency Contacts are people that Mount Waverley Heights Primary School may need to contact in an emergency. Please ensure that the people named are aware that they have been nominated as emergency contacts and agree to their details being provided to Mount Waverley Heights*

**Parent's Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*This confidential form asks for personal information about your child. The main purpose for collecting this information is so that Mount Waverley Heights Primary School can allocate staff for supervision and it assists us to properly care for your child. The school depends on you to provide all relevant health information. Withholding some health information may put your child's health at risk. The school will use this information if your child is involved in a medical emergency. This medical form must be current when the excursion is run. Parents are responsible for all medical costs if a student is injured on a school approved excursion unless the Department of Education and Early Childhood Development is found liable (liability is not automatic). Parents can purchase student accident insurance cover from a commercial insurer if they wish to. All staff at Mount Waverley Heights Primary School and the Department of Education & Early Childhood Development are required by law to protect the information provided on this form. All information is held in confidence.*

*lllll*