



Open hearts • Inquiring minds

26th October, 2018

Dear Parents/Carers

RHIPP CONNECTING WITH THE COMMUNITY GROUP – FRENCH AUSTRALIAN PRESCHOOL VISIT

As part of the Red Hill Interests and Pursuits Program (RHIPP), your child has chosen to participate in community visits to the French Australian Preschool. Students will be joining a preschool class to share books, selected work, create artwork, sing songs, playing games, and other like activities ALL both in English and in French. The visits to the Preschool will take place during RHIPP time on Friday afternoons. Details are as follows:

Dates of visits: Friday from 2nd November to Friday 7th December, 2018

Venue: French Australian Preschool, Astrolabe St, Red Hill

Time: 1.50pm to 3.10pm

Transport: Walking

Cost: No Cost

Teacher in Charge:

We are asking for parental permission for students to visit the French Australian Preschool with XXXXXXXXX. If you are happy for your child to participate in this program, please complete the permission note below and return to the front office by 10.00am on Thursday, 1st of November, 2018.

Kind regards,

Kirsten Gardner

RHIPP Teacher

RED HILL SCHOOL PERMISSION FORM – RHIPP French Australian Preschool visits

This signed consent form should be returned to the front office, before Thursday, 1st November 2018

****Front Office – please collect for Kirsten Gardner***

I give permission for my child _____ in Class _____ to visit the Carey Gardens Aged Care Facility between 1.50pm and 3pm each Friday from 2nd November to Friday 7th December , 2018.

- Excursion Medical Information and Consent Form attached

Please provide details of any medication your child may require during RHIPP Connecting with the Community Group – French Australian Preschool and/or any medical/allergic condition from which she/he suffers.

Please ensure that medication is clearly labelled and given to the teacher on the day of the excursion.

I have read the attached information regarding this excursion and understand what it contains. I understand the student will be under the authority of the school for the duration of the excursion. I authorise the teacher in charge to make any arrangements, medical or otherwise necessary for the welfare of my child and agree to meet any costs incurred. This may include the cost of returning the child home should circumstances warrant. Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities.

Parents should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.

Name of Parent/Carer (please print): _____

Signature: _____ **Date:** _____

Name of Parent/Carer (please print): _____

Signature: _____ **Date:** _____

