



**Grade 2 Excursion: "George's Marvellous Medicine"  
Frankston Arts Centre  
Friday 11<sup>th</sup> May 2018**



18<sup>th</sup> April 2018

Dear Parents,

As part of our Literacy program, all Grade 2 students will have the opportunity to attend the live theatre performance of "George's Marvellous Medicine", based on the Ronald Dahl novel. The excursion will take place on Friday 11<sup>th</sup> May 2018.

The cost of the excursion will be \$27.00 and this is part of the Excursion Levy.

Students will be required to bring play lunch, lunch and a water bottle to be carried in a small backpack for the day. Students are not to bring money, as there will be no time for spending.

If you have not paid the Excursion Levy please circle payment type and return permission form below together with payment (if applicable) to your teacher by **Friday 4<sup>th</sup> May 2018**.

Trish Enzinger  
**Principal**

Sharon Smith, Maree Vincent, Jacinta Ehrenberg & Tracey Sievers  
**Grade 2 Teachers**

✂ -----

Birmingham Primary School No. 5048

**Grade 2 Excursion: "George's Marvellous Medicine"  
Frankston Arts Centre – Parent Helper  
Friday 11<sup>th</sup> May 2018**

Childs Name \_\_\_\_\_ Grade \_\_\_\_\_

Parents Name \_\_\_\_\_ Phone: \_\_\_\_\_

I would like to help during the "George's Marvellous Medicine" live theatre excursion and I hold a current Working with Children's Check and have provided a copy to the office.

Parents Signature \_\_\_\_\_

**Please return Parent Helper form to your teacher by Friday 4<sup>th</sup> May 2018.**

✂ -----

- Birmingham Primary School No. 5048

**Grade 2 Excursion: "George's Marvellous Medicine"  
Frankston Arts Centre – Permission and Payment  
Friday 11<sup>th</sup> May 2018**

Child's name: \_\_\_\_\_ Grade: \_\_\_\_\_

- My child **will / will not** be participating in the **George's Marvellous Medicine**.
- I have not paid the Excursion Levy and enclose payment of **\$27.00**  
Payment by Cash / Cheque / QKR \_\_\_ / \_\_\_ / 2018 (date paid)
- I have paid my child's Excursion Levy and/or allocated CSEF.

I give permission for the teacher in charge to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

Parent Signature: \_\_\_\_\_

**Please complete and return form and payment to your teacher by Friday 4<sup>th</sup> May 2018**