



## Kentlyn Public School | Georges River Road | Kentlyn 2560

PO Box 5222 Minto, 2566 | Phone: 4628 2455 – Fax: 4628 4365

kentlyn-p.school@det.nsw.edu.au

Date: Thursday 4th May, 2023

### UOW Early Start Discovery Space

Dear Parents/Carers,

This semester in Science, students in KB are learning about our Material World. To complement our learning, on **Thursday 25th May**, we will be visiting the UOW (University of Wollongong) Early Start Discovery Space to participate in a 'Bricks & Clicks' Workshop. Students will depart by coach from school at 9:20am and return by 2:30pm. Please ensure your child is at school by 9:00am so we can leave promptly at 9:20am. (Also note, KB will miss the K-6 Assembly that day.)

#### **What to bring:**

- A small bag (library bag would work) with two arm straps or across the body strap.
- Water bottle
- Packed lunch and recess in a plastic bag (no plastic lunch boxes)
- School hat & sports uniform

A **payment of \$15** per child is required for participation in this excursion. If you wish for your child to attend this excursion, please return the attached permission note to the office by **Thursday 18th May 2023**. A very big thank you to the P&C for covering the cost of the coach for the day. This is a significant saving for parents.

*Please note: School representation and attendance at excursions, special school activities and out of school activities is dependent upon the continued demonstration of appropriate behaviour and an appropriate attitude in all aspects of school life.*

Ms Coral Bartlett  
Class Teacher

Mrs Sarah Harris  
Principal (Relieving)

---

#### Permission note



I give permission for my child \_\_\_\_\_ to participate in the excursion to the UOW Discovery Space on Thursday 25th May, 2023. I understand that travel to and from the venue will be by coach.

I have enclosed \$15/I have paid online and the receipt number is: \_\_\_\_\_

I understand that my child's participation is subject to meeting the expectations outlined above.

My child has the following medical condition(s): \_\_\_\_\_

Parent Name: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_