CLEMTON PARK PUBLIC SCHOOL

Pursuing Excellence ABN: 55 922 166 723

PRINCIPAL: Paul Robinson

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YEAR 5 EXCURSION Camden Park - Gold Discovery

Dear Parents/Caregivers,

Year 5 students will be going on an excursion to Camden Park Environmental Education Centre in Menangle for a 'Gold Discovery' experience on Wednesday 3rd September (5M & half of 5G) or Wednesday 10th September (5L & half of 5G). Transport will be by coach. This excursion has been planned to supplement our history unit of work – Australian Colonies. As this excursion is an extension of our history studies, all students are required to attend. Accompanying staff are: Mr Glanville, Ms Le, Mrs McAleer and support staff.

- Cost of excursion is <u>\$40.00</u>.
- The last day of payment will be: **Monday 1**st **September**. (3pm CASH or 6pm online)
- Students need to be at school by <u>8:15am</u> as classes will depart from school at **8:30am** and return to school by approximately 3:00pm.
- Students will need to wear their sports uniform, comfortable shoes, school hat and apply sunscreen.
- Students will need to pack recess, lunch and 2 bottles of water in a small backpack.
- Please be advised no mobile phones will be allowed on the excursion.

A decision will be made by the School Executive in consultation with the class teacher about the attendance of any students who are currently on Behaviour Level 2 or Behaviour Level 3 of our School Discipline Policy at the time of this excursion.

Thank you Year 5 Teachers	Paul Robinson Principal
Camden Park- Gold Ex	xperience – Permission and Payment Slip
I give permission for my child the Camden Park - Gold Experience excursion 10 th September 2025 (5L & 5G).	in class to attend on Wednesday 3 rd September 2025 (5M & 5G) and Wednesday
I understand that transport will be by coac	h and the total cost is \$40.00.
The last day of payment will be: Monday	1st September. (3pm CASH or 6pm online)
Cash/Cheque Enclosed in an envelope.	Online through the Sentral parent portal
My son/daughter requires medication: YES	/ NO
My child will bring(T	ype of Medication)
Signature of Parent/Carer:	Date: