



BAGO Schools: Year 6/7 Taster Day 2019

Dear Parent/Caregiver,

Your child will be going on an excursion to Wauchope High School on Tuesday March 5, 2019. This activity is an initiative of the Bago Community of Schools and involves students from Wauchope PS, Wauchope HS, Beechwood PS, Huntingdon PS, Upper Rollands Plains PS, Longflat PS and Comboyne PS.

It is a great opportunity for Year 6 students of Wauchope PS to mix with and form friendships with Year 6 students in smaller schools. This activity is one of the activities in the Transition Program for Year 6 students. All students in Year 6 will be attending regardless of whether they will be attending Wauchope HS in 2020. Students will participate in activities such as: Art, Cooking, Science experiments, Music and Sport with the assistance of Wauchope High School Year 10 Peer Support Leaders and staff.

There is no cost for the excursion as students will be walking to and from the High School. Lunch is provided for students in the form of a sausage sizzle and a drink. However, students need to bring their own recess and school bag.

The students will depart from Wauchope PS at 9:15am on Tuesday March 5, 2019 and return at 2:45pm. Accompanying staff are Mrs Gowan, Mr Grech, Mr Nicholson, Mrs Best and Miss Whiteoak. All students must wear full school uniform including a school hat.

Please note:

ALL NOTES MUST BE RETURNED ONE WEEK PRIOR TO THIS ACTIVITY.

Children who have not been displaying satisfactory behaviour may at the Principal's discretion not be eligible to represent Wauchope Public School at this activity.


Principal


Organising Teacher

Please sign permission note and return to class teacher with payment by Tuesday February 26, 2019.

I do / do not consent to _____ of class _____ participating in an excursion to Wauchope High School on Tuesday March 5, 2019. I understand students will walk to and from the high school. My son/daughter has the following special needs (please provide full details and include any relevant medical details)

My phone numbers are: (H) _____ (M) _____

I give /do not give permission for my child to receive medical treatment in case of an emergency.

Parent /Caregiver Signature: _____ Date _____