Bowral High School

Exceptional learning opportunities for all

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BOWRAL HIGH SCHOOL EXCURSION

Excursion Number: 044 - 162

Date: 2 March 2016

EXCURSION: Meet-A-Keeper Day
DATE: Wednesday 28th October 2015
VENUE: Taronga Zoo
TRANSPORT: Train, ferry, bus
COST: $22.00 zoo + Opal card for train, ferry & bus fares
NOTE DUE TO FINANCE OFFICE: Thursday 17th March 2016
START TIME: 6:20am, Bowral train station
FINISH TIME: 6:30pm, Bowral train station
TEACHER IN CHARGE: Mrs Christine Beasley
EMERGENCY CONTACT: 0432 308 032

Any proposed variation to these arrangements MUST be received in writing with the permission slip below by Thursday 17th March 2016.

Dear Parent/Carer

Meet-A-Keeper is a one day program for school students aged 14 years and over who have expressed an interest in pursuing a career at the Zoo. This unique program includes a seminar presented by a panel of Zoo Keepers, Educators and other staff members, and a behind-the-scenes mystery tour of one of the exhibits.

Students will be at the zoo from 9:30am – 3:30pm, and will need to wear appropriate comfortable clothing and walking shoes. They will also need to bring food or money to buy food.

Should you need further details I can be contacted during school hours on 4861 7540.

Yours sincerely,

Mrs C Beasley
Career Advisor

Mrs K Paviour
Principal

Please return this permission slip to the Finance Office with money by 17/03/2016

BOWRAL HIGH SCHOOL EXCURSION

Excursion Number: 044 - 162

☐ I consent to my child/ward attending the Meet-A-Keeper Day at Taronga Zoo on 31/03/2016 at 6:20am – 6:30pm.
☐ I understand that variations to the start/finish times and start/finish locations are not permitted EXCEPT where notified in writing before 17/03/2016.
☐ Student will be using an Opal card for transport costs and will pay only $22.00 for the excursion

Name of Student: ___________________________ Year: _________ Roll Class: ___________________________

Name of Parent/Guardian: ___________________________ *Emergency contact no: ___________________________

Medical conditions: ___________________________ Medicare No: ___________________________

Signature of Parent/Guardian: ___________________________ Date: ___________________________