

Our Lady of Mt Carmel Primary



YEAR 6 - PARRAMATTA MISSION - EXCURSION PERMISSION NOTE

- Name of Excursion:** Parramatta Mission - Religion Excursion
- Purpose of Excursion:** This term in Religious Education, Year 6 has been exploring the question "Why do bad things happen to good people?" They have recognised the hardships and suffering that they have experienced in their own lives and are now investigating the ways in which people respond to the suffering of others. This experience will provide students with an opportunity to respond to the needs of the homeless within our community as they assist with some of the work that the Mission does to prepare to assist their clients (students will not be interacting with Mission's clients during this excursion. They will be assisting the venue staff in preparing for their clients before they open).
- Students will then go on a walking tour of Parramatta to see other places of worship in the local community. This will be an experimental opportunity for our Learning Cycle for Term 3 where we will explore the question "What are the challenges and opportunities of interfaith relations?"
- Date of Excursion:** Monday, 19th July 2021
- Excursion Location:** Parramatta Mission, Parramatta
- Mode of Transport:** Train
- Time of Departure:** 8:00am
- Expected Return Time:** 2:30pm
- Uniform:** Sport Uniform
- Items Required:** Recess, Lunch and a drink bottle in a small, labelled backpack. A pen for completing written activities.

The cost of this experience is covered by the School Resource Fee included in your School Fee Statement

Please return the signed section below to the class teacher by Wednesday, 14th July 2021.

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I give permission for my child _____ in class _____ to attend the Parramatta Mission excursion on **Monday, 19th July, 2021**. I understand that travel will be by train and that **departure from school will be at 8:00am**.

Does your child have any allergies? (If so, please name allergy) _____

Is your child at present on any medication? (If so, please name medication) _____

Parent/Carer Name

Parent/Carer (Signature)

Date

This excursion requires **4 parents** to assist with supervision. If you are able to attend the excursion, please complete the form below and return to school as soon as possible. It is not always possible to take all available parent volunteers. You will be notified if your attendance is required on this occasion.

- I have attended a Child Protection Briefing for Volunteers at school within the past 2 years.
- I have completed the NEW 'Building Child Safe Communities - Undertaking for Volunteers' Form within the past 8 months.
- I have completed the NEW online Child Protection Training Module within the past 8 months.

Name _____ Signed _____

IMPORTANT: THIS SECTION MUST BE RETURNED BEFORE WEDNESDAY, 14TH JULY 2021.

CULTURE | LEARNING | ENGAGEMENT

