

Applecross Primary School

65 Kintail Road Applecross WA 6153

Phone: 08 9364 1792

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Dear Parents/Carers

As part of the Year 6 Civics and Citizenship program, Year 6 students from Rooms 15 and 17 will attend an excursion to Parliament House and the Constitutional Centre. These experiences will give the students the opportunity to develop their understanding of the key values that underpin Australian democracy.

Our excursion to **Parliament House** and the **Constitutional Centre** is on **Monday 13 May**. Students will depart school by bus at 8.45am and return to school by 3pm. Throughout the day, students will participate in a guided tour of Parliament House where they will develop their knowledge and understanding of the history, role and functions of Parliament in Western Australia. They will also visit the Constitutional Centre where they will gain an awareness of our federal system of government, democracy and electoral education. On the day, children need to bring a drink, recess and lunch in disposable containers. They will not require their school bags.

The cost of this excursion is \$6.00. Please return the Parent Permission and Payment Form along with correct money (if paying cash) in a sealed and labelled envelope, to the locked box in the front office by Friday 10 May 2019.

Regards,

Orla King and Antionette Soraci Year 6 Teachers 3 May 2019

Parent Permission and Payment Form Parliament House and Constitutional Centre

| <u>wnere:</u> | Parliament House and Co | nstitutional Ce | entre | | | |
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| When: | 13 May 2019 | | | | | |
| | be \$6.00 per student. Please sying cash) to the front office | - | - | sion slip toge | ther with co | orrect |
| I have read a | and understood the information | n regarding th | e excursion to | Parliament I | House and | |
| | al Centre and give consent fo | | | | | |
| Child's Name | e: | | Room Number: | | | |
| Signed: (Parent/Guardian) | | | Date: | | | |
| Phone Numl | ber: | | | | | |
| PAYMENT | * CASH * CREDIT CARD - Visa & I * CHEQUE - payable to ' * DIRECT DEPOSIT - ANZ Name and Room No Applecross.ps@educ | Applecross Prima Booragoon BSB 0 as reference and | L6-267 Account N email confirmati | | | ır child's |
| PLEASE COM | PLETE ALL DETAILS: Payment Type | oe: Cheque | Cash | Credit C | _ | |
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| CREDIT | CARD NO: (PLEASE PRINT CLEARLY |) | | | | |
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