



MERENDA PRIMARY SCHOOL


TERM 2 YEAR LEVEL ACTIVITY PLANNER- Year 2 2018

EXCURSION OR ACTIVITY for Term 2 2018	COST
<ul style="list-style-type: none"> Start Smart Students will learn about money and financial management with a money session. Tuesday 15th May- 2B and 2C Wednesday 16th May- 2A and 2E Tuesday 22nd May- 2D, 2F and 2G Fairy tale incursion Friday 1st June Students will be participating in rotational activities completing craft items related to the fairy tales and stories we have read. Students will dress up and enjoy a parade with the year level. Edendale Farm excursion Students will participate in rotations to learn about recycling, waste and water conservation. Monday 4th June- 2A, 2B, 2C Friday 8th June- 2D, 2E, 2F, 2G 	<p>No cost</p> <p>\$5</p> <p>\$23</p>

Cut along this line. Keep the top part as your reminder for the term's activities and excursions and **RETURN THE CONSENT FORM** below to the school with payment. **Payment must be made in full by the Friday 11th May 2018 . No payments will be accepted after this date.**

Retain by Parent

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Deposit payment and permission is required by Friday 11th May 2018

EXCURSION OR ACTIVITY for Term 2 2018	COST
• Fairy tale incursion- Friday 1 st June	\$5
• Edendale Farm excursion- Monday 4 th June/ Friday 8 th June	\$23
Amount Paid	\$28
I am paying by	
<input type="checkbox"/> Cash	<input type="checkbox"/> Qkr
<input type="checkbox"/> Credit Card	<input type="checkbox"/> EFT
Mernda Primary School- Credit Card Voucher (Include deposit cost ?)	
Payment for (Name of Excursion) _____ Date: _____	
Student Name: _____ Year Level: _____ Grade: _____	
Please charge my: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard Amount: _____	
Card Number: _____ Expiry Date: __/__/__	
Name on Card: _____ Signature of Cardholder: _____	
 Download Qkr on your mobile, type in or scan the code MERNDAPS MERNDAPS	

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 I give permission for.....in Grade to attend the above activities and incursions. I authorise the teacher in charge of the excursion/incursion to consent where it is impracticable to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary and to bear any costs involved.

Parent Name..... **Parent Signature**:..... **Date**:.....

Contact No:.....