



FAIRVIEW HEIGHTS STATE SCHOOL

"Growing Together, Learning Forever"



Primary Campus
Address:
75 McDougall Street
TOOWOOMBA Q 4350

Phone: 46 592 888
Fax: 46 592 800
Email: the.principal@fairheigss.eq.edu.au
SEP HOSE: 46 592 864
SEP Fax: 46 592 824

Principal:
Deputy Principal:
Business Services Manager:
SEP HOSE:

Julie Raitelli
Gary Pascoe
Jeanette Jurgs
Mark Postle

13 July 2017

Dear Parents / Caregivers

This term in year 1 we are conducting an incursion in conjunction with Amaroo Environmental Education Centre.

The program titled, 'Special Things, Special Places' allows students to be involved in a series of activities which promotes cross cultural understandings and the sustainable nature of traditional Indigenous life. The program will be held within class time.

Farmer Green will share comparisons between the methods of providing food used by Indigenous groups and those of today's farmers. Farmer Green will provide the students with a fruit / veggie snack and drink of milk.

The program will be run over 4 days:

Wednesday	26 July
Thursday	27 July
Wednesday	2 August
Thursday	3 August

The cost involved for each child to participate in this wonderful program is \$7.00. Please fill in the permission form below and return with payment by Thursday 20 July. No late payments will be accepted. FHSS Refund Policy applies.

Many thanks,

Year 1 Teachers


✂-----

**Amaroo Environmental Education Centre
"Special Things, Special Places"
Payment & Permission Slips due Thursday 20 July 2017**

Student's Name: _____

Year 1 Class: _____

I _____ (Parent/Carer) give permission for my child to participate in the "Special Things, Special Places" program within class time. I enclose \$7 as payment for my child to participate.

- I have enclosed \$7.00 cash/cheque
- Eftpos \$7.00
- Please take \$7.00 from my child's Cash Advance
- Eftpos \$7.00
- Paid \$7.00 by  (As per invoice – emailed to Parents)
- My child **HAS an allergy to milk.**
- My child **DOES NOT have an allergy to milk.**



I acknowledge that the Department of Education & Training does not have Personal Accident Insurance cover for Students.

Signed: _____

Date: _____



FAIRVIEW HEIGHTS STATE SCHOOL

"Growing Together, Learning Forever"



Primary Campus
Address:
75 McDougall Street
TOOWOOMBA Q 4350

Phone: 46 592 888
Fax: 46 592 800
Email: the.principal@fairheigss.eq.edu.au
SEP HOSE: 46 592 864
SEP Fax: 46 592 824

Principal:
Deputy Principal:
Business Services Manager:
SEP HOSE:

Julie Raitelli
Gary Pascoe
Jeanette Jurgs
Mark Postle

13 July 2017

Dear Parents / Caregivers

This term in year 1 we are conducting an incursion in conjunction with Amaroo Environmental Education Centre.

The program titled, 'Special Things, Special Places' allows students to be involved in a series of activities which promotes cross cultural understandings and the sustainable nature of traditional Indigenous life. The program will be held within class time.

Farmer Green will share comparisons between the methods of providing food used by Indigenous groups and those of today's farmers. Farmer Green will provide the students with a fruit / veggie snack and drink of milk.

The program will be run over 4 days:

Wednesday	26 July
Thursday	27 July
Wednesday	2 August
Thursday	3 August

The cost involved for each child to participate in this wonderful program is \$7.00. Please fill in the permission form below and return with payment by Thursday 20 July. No late payments will be accepted. FHSS Refund Policy applies.

Many thanks,


Year 1 Teachers

✂-----

**Amaroo Environmental Education Centre
"Special Things, Special Places"
Payment & Permission Slips due Thursday 20 July 2017**

Student's Name: _____ Year 1 Class: _____

I _____ (Parent/Carer) give permission for my child to participate in the "Special Things, Special Places" program within class time. I enclose \$7 as payment for my child to participate.

- I have enclosed \$7.00 cash/cheque
- Eftpos \$7.00
- Please take \$7.00 from my child's Cash Advance
- Eftpos \$7.00
- Paid \$7.00 by  (As per invoice – emailed to Parents)
- My child **HAS an allergy to milk.**
- My child **DOES NOT have an allergy to milk.**



I acknowledge that the Department of Education & Training does not have Personal Accident Insurance cover for Students.

Signed: _____ Date: _____