



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
Gail Holcombe

24 April 2015

Dear Parents/Guardians,



During History in Term 2, students will be comparing the past with the present. As a part of our studies, we will be visiting the **Highfields Pioneer Village** on **Thursday 4 June**. This will complement the lessons taught in class so that students can gain a better understanding of what the past is all about.

Cost: \$18.00 (Includes Entry, Bus, Tea & Damper)

Payment Due: Monday 18th May

Departure: 9.00am Sharp. Please be at school by 8:30am.

Arrive at school: Approximately 2.50pm.

We will be needing some volunteer parents per class – please see your child’s teacher if you are able to join us. Unfortunately, we are unable to absorb your cost into the excursion – Parent Entry is \$13.00 (entry ,tea and damper). To lower the cost of the excursion, we ask that you drive and meet us at the Pioneer Village (you might like to car pool).

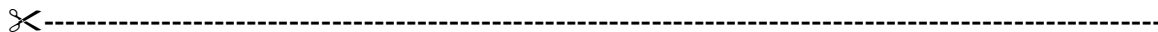
Students will be required to wear full school uniform and bring in their bag:

- Hat
- Lunch
- Water Bottle
- Jumper

Please return the permission slip and payment to the Office by Monday 18th May. The FHSS Refund Policy applies.

Kind regards,

Year 1 Teachers



YEAR 1 - HIGHFIELDS PIONEER VILLAGE EXCURSION
PAYMENT and PERMISSIONS due Monday 18TH MAY
NO LATE PAYMENTS ACCEPTED

I _____ give permission for my child _____
in Class _____ to travel by bus to Highfields Pioneer Village on Thursday 4 June, 2015. I understand that the FHSS Refund Policy applies.

- Please apply any **change** from my payment as a Cash Advance
- I have enclosed \$18.00 **Cash** / \$18.00 **Cheque** (circle)
- Eftpos**
- Please take this amount from my child’s **Cash Advance**



ALL PAYMENTS are to be ‘**posted**’ in the cash collection slot at the back of the administration office **BEFORE SCHOOL**. It is **ESSENTIAL** that all envelopes are clearly marked with the **STUDENT’S NAME, CLASS, ACTIVITY and AMOUNT**.

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

Signed: _____ (Parent/Guardian) Date: _____