



SEAFORD PARK PRIMARY SCHOOL

INCURSION NOTICE

EXCURSION/INCURSION	Family Life
YEAR LEVEL	Year 5 & 6
COST	\$8
DATE OF EXCURSION/INCURSION	Tuesdays 14 th , 21 st and 28 th November, 2017
TIME	10:00am - 11:00am
RESPONSE/PAYMENT DUE BY	Friday 27 th October, 2107

NOTE: Children who do not return money and forms by the date stated above, will not be permitted to attend the excursion / incursion.

As per the Excursion Policy "only students who have displayed sensible, reliable behaviour at school will be permitted to participate in school excursions. Parents will be notified if their child is in danger of losing the privilege to participate in an excursion due to poor behaviour at school". As per the Excursion Policy "The decision to exclude a student will be made by the Principal, in consultation with the organising teacher. Both parent and student will be informed of this decision prior to the excursion".

INFORMATION:

During Years 5 and 6 many young people begin to experience the onset of puberty, as they move towards adolescence. As part of our Health Education program we have invited Family Life to conduct a three week education program for our Year 5 & 6 students. Seaford Park Primary School offers this program every second year. The educator is a very experienced facilitator and the sessions run for an hour during school time. The cost for the 3 sessions is only \$8.00, as the cost of this valuable education experience is heavily subsidised by the school.

The sessions are:

Session 1: Look I'm Changing

This session focuses on the changes in young people's bodies as a result of puberty.

Session 2: I'm In Charge

This session gives students the opportunity to discuss common emotional changes that can be experienced as a result of puberty.

Session 3: What's it all about?

In this session students will learn about family relationships, the process of conception, how babies grow and are born.

Julie Braakhuis

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EXCURSION FOR FAMILY LIFE RESPONSE / PAYMENT SLIP

I consent to _____ of grade: _____ participating in the excursion to _____ on the _____.

I authorise the teacher in charge of the excursion to consent, where it is impractical to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary.

Signed: _____ Date: _____
Parent / Guardian

Emergency Telephone No/s: _____ (for this day).

COST OF INCURSION \$.....

CASH CSEF DIRECT DEPOSIT Receipt no _____