Dear Parents,

As part of our theme “Fairy tales”, the Year 1 children will be visiting ACMI (Australian Centre for the Moving Image) in Federation Square to take part in their educational program, Fairy tales and Fantasy.

1W and 1J: Thursday 6th October, 2016
1C and 1T: Tuesday 11th October, 2016

At the workshop, children will be introduced to the concepts of character, plot and genre, and will be provided with the opportunity to perform in a fairy tale setting. The children are required to wear full school uniform and **not** to wear light green or yellow clothing due to the green screen technology.

Children will need to bring a drink, snack and lunch in a named paper bag. We do not want bottles, cans or lunch boxes to carry on and off the bus. We will be eating lunch during the 60 minute break in the workshop.

The cost of this excursion is $30.00 which covers the entry and the bus.

The children will need to be at school at **8.50 a.m.** on these days, ready to leave promptly for the excursion. Please complete the Permission form below and return with the attached ACMI child participation agreement by Tuesday 8th September, 2015.

Carolyn Wilson, Sarah Trebilcock, Jess Chan and Glynn Campbell

Year 1 Teachers

Please detach and return slip below.

<table>
<thead>
<tr>
<th>Excursion:</th>
<th>ACMI (Australian Centre for the Moving Image) Education: Student Workshop: Fairy tales and Fantasy</th>
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</thead>
<tbody>
<tr>
<td>Date:</td>
<td>1W and 1J: Thursday 6th October, 2016 1C and 1T: Tuesday 11th October, 2016</td>
</tr>
<tr>
<td>Cost:</td>
<td>$ 30.00</td>
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NAME OF STUDENT: ________________________________ CLASS: ______________

I give my permission for the above student to attend the excursion to ACMI (Australian Centre for the Moving Image) on 6th October/11th October. I authorize the Teacher in charge of the excursion to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be necessary.

____________________________________
Signature of Parent/Guardian

■ Mother (daytime) ________________________________ Mobile __________________

■ Father (daytime) ________________________________ Mobile __________________

**Parent Helper – Expression of Interest**

Please indicate if you would like to nominate to attend the Grade one excursion as a parent helper. You will be notified closer to the excursion if your assistance will be required. **If selected please provide a copy of your Working with Children Check to the office prior to the day.**

Name of Student: ________________________________ Grade: __________________

Name of Parent Helper: ____________________________________________