KidzFlicks Film Festival Excursion – Years 4-6

Dear Parents/Carers,

The KidzFlicks Sydney International Festival of Films by Children is a unique experience that will allow students to view the best of a range of short films produced by children from Australia and overseas. Curated by The Bardic Studio and hosted by Event Cinemas, students will view up to 16 short films in the 50 minute session including indigenous, Australian and international films. The excursion links to outcomes and curriculum perspectives in both the English and History syllabus and the films will be used as the platform for learning experiences at school afterwards.

Date: Friday 1 April, 2016
Venue: Event Cinemas located in Westfield Shopping Centre, Parramatta
Transport: Travel will be by train from Toongabbie to Parramatta Stations and walking
Cost: Expenses for admission and train fare are covered by the General Contribution Fee
Time: Departure from school 9:20am, Session 10:30-11:20am, Return to school 12:30pm
What to take: School hat and disposable bottle of water or juice popper. Please note: No food is to be brought, children will eat their recess before they leave and their munch n crunch when they return.

Please complete and return the permission note below by Wednesday 16 March.

We will require one parent helper from each class on the day. Parents assisting are asked to please pay for their own train fare. If you are available to assist, please indicate this on the permission form ensuring you have completed all Child Protection Volunteer requirements (see the school office for further information).

Yours sincerely,

Ms Linda Ducksbury
Acting Principal

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Years 4-6 Excursion to KidzFlicks

I give permission for my child __________________________________________________________________ to attend the excursion to KidzFlicks Film Festival on Friday 1st April. I understand travel is by train from Toongabbie to Parramatta Stations.

Signature ______________________________________________________________________________________________

Emergency Contact Number on the day

Medical/Special Needs of your child

☐ I would like to assist with supervision on the excursion
☐ I acknowledge parents have been asked to pay their own train fare

I have completed Child Protection requirements

Your Name ____________________________________________________________________________________________

Yes ☐ No ☐