**Book Week Excursion**

**Nature of Excursion:** Visiting Beechworth Library to help celebrate Book Week

**Destination:** Indigo Shire Library, Beechworth

**When:** Friday, August 28th

**Cost:** Nil

**Method of Transport:** Walking

**Departing:** 1.15pm

**Returning:** 2.15pm

**Phone: School mobile** 0428 334 102

**Supervision Provided:** Karen Bowey and Sonja Tilev

**Staff Action in Case of Illness or Injury:** First Aid on Site

**Special Clothing or Items Required:** School uniform, comfortable walking shoes, rain jacket

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**Book Week Excursion**

Parent’s Permission
(please tear off and return to the Form Lodgement Box in the foyer – NOT the classroom teacher)

I, ...........................................................................................................(parent/guardian) give permission for my child/ren

........................................................................................................... (insert name) to attend the excursion at Beechworth Library.

Parent/Guardian Signature........................................................................................................

Date........................................................................................................................................