

## **ENGADINE WEST PUBLIC SCHOOL**

Buckle Avenue, Engadine NSW 2233 Phone: (02) 9520 8134 Email: engadinew-p.school@det.nsw.edu.au Fax: (02) 9520 5314

30/11/10

## K- 2 Movie Day

Dear Parents/Caregivers

For our end of year celebrations this year, K-2 will be attending the movies at Westfield Miranda on <u>Wednesday December 15, 2010.</u> We are lucky to be seeing an animated film called <u>Megamind</u>. Please note that this movie is rated PG.

Students can take food and drink to the movies but they must be carried in a cloth bag (not plastic). There will be **no purchases** from the candy bar at the movies.

Cost has been kept to a minimum; however, as we are using "seat belted" buses it will be \$20 per child.

Upon our return the children will get their lunches and walk with their teacher to Ferntree Oval for a picnic lunch.

Date: Wednesday 15<sup>th</sup> December 2010

Time: Arrive at classroom by 9am **Buses will be leaving school at 9.30am sharp.** 

Return: Approx 12.30 pm Travel: Bus with seatbelts Wear: School Uniform

Cost: \$20.00

Final Payment: Due Monday 13<sup>th</sup> December 2010.

Card Holder's Name:

Card Holder's Signature:

| Mr Garry Royston<br>Principal                                      |   | Mrs N. Gilmore<br>Assistant Principal |                              |
|--|---|---------------------------------------|------------------------------|
| To: Class  | Teacher – <u>K-2 Movie Day 15<sup>th</sup> December 2010</u>  |                                       |                              |
| Name of Child<br>attend the K-2 Movie day, to see <u>Megamind.</u> |   | Class                                 | has permission to            |
| Please tic   | ck boxes below  |                                       |                              |
| ☐ I unde<br>☐ I give ¡   | erstand that this movie is rated PG. erstand that travel is by seat belted bus. permission for my child to walk to Ferntree Oval Engineeds: |                                       | r a picnic lunch afterwards. |
|  | s: (Parent/Caregiver)   |                                       |                              |
| Please en  | nclose <u>\$20</u> for the K–2 Movie Day or fill in credit card   | details below.                        |                              |
|  | Credit Card   | Details                               |                              |
| Name: _  | Class   |                                       |                              |
|  | Card Type: Bankcard   | Visa                                  | Mastercard (                 |
|  | Card Number:  |                                       |                              |

**Expiry Date:** 

Amount: