Child’s Name: _______________________________  Class: _____________________

### Local Excursions

I hereby give permission for my child to engage in local walking excursions during the year, under the supervision of teachers, including walking to Dudley Chesham Oval. I give permission for my child to be driven back to school should they be hurt/sick.

Yes ☐  No ☐

Parent/Guardian Signature  Parent/Guardian Name  Date

Please return to SCHOOL OFFICE A.S.A.P

R. Angus
Principal

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Children's Name: _______________________________  Class: _____________________

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