



**Thornleigh West Public School**  
Giblett Avenue, Thornleigh nsw 2120

P 02 9484 4242  
F 02 9481 9471  
E [thornleigw-p.school@det.nsw.edu.au](mailto:thornleigw-p.school@det.nsw.edu.au)  
[www.thornleigw-p.schools.nsw.edu.au](http://www.thornleigw-p.schools.nsw.edu.au)

17 October 2018

**Year 6 Excursion to Trees Adventure, Grose River Park, Yarramundi.**

Dear Parents/Guardians,

On Monday 10th December 2018, Year 6 will be going on an excursion to Trees Adventure, Grose River Park, Yarramundi.

This excursion has been designed to take students out of their comfort zone and provide a lasting memory of their time together at Thornleigh West. Students will be given the opportunity to participate in a range of self-confidence building challenges that increase in difficulty as they progress through a high ropes style adventure course. It will also serve as a great way to build essential social skills and leadership capabilities whilst celebrating the coming of an end of primary schooling at Thornleigh West.

Details of the excursion are:-

**Date:** Monday 10 December 2018.  
**Cost:** **\$55** (covers entry to Trees Adventure and coach transport)  
**Times:** Leave school by 9.30am and return by 3.00pm.  
**Session Times:** 2 hour climbing session.  
**Requirements:** Full school sports uniform including hat, recess, lunch and raincoat/spray jacket if necessary.  
Long hair must be tied back. Waiver forms must be completed.

Please return the **signed permission note , medical information and Trees Adventure Waiver Form** with payment to your child's teacher by Monday 26 November 2018.

K Boon  
(Assistant Principal)

C. Mamo  
Principal

✂-----✂-----✂  
**Thornleigh West Public School (Please return to your class teacher)** **Trees Adventure Year 6**

I give permission for \_\_\_\_\_ of Class \_\_\_\_\_ to travel by bus to Trees Adventure, Grose River Park, Yarramundi on Monday 10 December 2018. I have also fully completed and signed the attached waiver form.

Payment for this event was included on Term 4 invoices.

Signed: ..... Date: .....

<b>Medical condition (e.g. allergies, asthma)</b>	<b>Treatment plan or medication to be carried</b>

(Attach further details if necessary.)