Dear Parent/Carer

Your child has been selected to participate in a Project Based Learning activity at Lurnea High School. Your child will have the opportunity to work with High School staff and students on a project that requires investigating, gathering information, working collaboratively with others and presenting their findings. We believe this is a great way for your child to experience the High School environment and engage with staff and students.

Students are to line up under the COLA in front of the uniform shop at 8:15 am for roll call. We will leave Lurnea Public School at 8:30am. We will return to school by 3:15pm.

Overview of the day:

<table>
<thead>
<tr>
<th>Period</th>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>8:45 - 9:40</td>
<td>Introduction to LHS and project task</td>
</tr>
<tr>
<td>2</td>
<td>9:40 - 10:35</td>
<td>Project planning</td>
</tr>
<tr>
<td>.</td>
<td>10:35 - 11:05</td>
<td>Recess</td>
</tr>
<tr>
<td>3</td>
<td>11:05 - 12:00</td>
<td>Visit to faculty areas and work on project</td>
</tr>
<tr>
<td>4</td>
<td>12:00 - 12:50</td>
<td>Visit to faculty areas and work on project</td>
</tr>
<tr>
<td></td>
<td>12:50 - 1:20</td>
<td>Lunch</td>
</tr>
<tr>
<td>5</td>
<td>1:20 - 2:10</td>
<td>Finalising projects</td>
</tr>
<tr>
<td>6</td>
<td>2:10 – 3:00</td>
<td>Project presentation</td>
</tr>
</tbody>
</table>
Please return the permission slip to your child’s teacher by **Monday 16 November 2015.**

John Joy  
Stage 3 Supervisor

Jan Holt  
Principal (R)

________________________________________________________________________

**Lurnea High School Project Based Learning Excursion**

I give permission for my child ________________________________ to attend the

Lurnea High School excursion on Tuesday 17 November. I understand that the students will travel to and from the event by bus.

My child’s Medicare number is ________________________________

My child will require the following medication/s during the excursion:

________________________________ which need to be taken at (time) ________________

My child will give these medications to their teacher on the excursion day.

Anything else the school needs to know?

______________________________________________________________

Parent Carer Name

________________________________________________________________________

Emergency Contact Number: ______________________

I will pick up my child or I give permission for them to walk home at 3:15pm.

Signed______________________________________________   Date ________________