



**LIVERPOOL WEST PUBLIC SCHOOL**  
 on the land of the Cabrogal People of the Darug Nation  
 118 Flowerdale Road  
 LIVERPOOL NSW 2170  
 Phone: 02 8784 3500  
 liverpoolw-p.school@det.nsw.edu.au

May 2024

## STAGE 3 HISTORY EXCURSION – Term 2

Dear parents and carers

Stage 3 students are learning about Australian Colonies in Semester One. To support their understanding of the unit, we have organised an exciting excursion to The Rocks in Sydney CBD. Students will experience what life was like as a convict, Indigenous history, and names for places around The Rocks, explaining the struggles for rights and freedoms in Australia including Aboriginal and Torres Strait Island peoples.

- WHO:** 5/6 Amethyst, 5/6 Iris, 5/6 Lilac, 5/6 Plum, 5/6 Purple, 5/6 Violet
- WHERE:** The Rocks – Sydney CBD
- WHEN:** Wednesday 3 July 2024
- TIME:** Depart School - 8:15am **(Students need to be at school at 8:00am SHARP)**  
Return to School by 3:00pm (approx.)
- HOW:** Bus
- COST:** **\$25.00**
- WHAT TO WEAR:** School uniform, hat, comfortable shoes.
- WHAT TO BRING:** Small bag with crunch and sip, lunch, fruit break and a water bottle all labelled with name.

Please complete the permission note below including medical information and return it to school with the money before **Friday 14 June 2024 (Week 7)**.

  
 LUCY MARTIN  
 Principal

STAGE 3 TEACHERS

✂️=====

### PERMISSION NOTE

I give permission for my child..... in class..... to participate in the Stage 3 excursion to the Rocks – Sydney CBD on Wednesday 3 July 2024. I understand the students will be travelling by bus and the cost is **\$25.00** per student. This excursion has been approved by the principal. I also understand that children will need to be at school at 8:00am sharp.

Special needs of my child you should be aware of (for example allergies, medication, asthma, etc)

.....  
 In the event of illness or injury I authorise the accompanying teachers to seek medical assistance on my behalf.

MEDICARE NUMBER:.....

CONTACT NUMBERS: (Work)..... (Home) .....  
 (Other) .....

SIGNED:.....  
 (Parent/Carer)

DATE:.....