August 19th, 2013

Where: Altona North Primary School
When: Friday 6th September at 7:00pm
Cost: $7.00

Dear Parents,

This term we will be having a 1/2 sleep over! The sleep over will be a stepping stone for students in preparation for the yearly 3 – 6 school camp. The school sleep over will be a valuable learning experience for your child as it will allow them to bond with other students and fosters a sense of community, independence and responsibility.

During the sleep over children will take part in a number of different team building activities as well as enjoying a movie and supper before bed. Breakfast will be provided the next morning before the children go home.

You will need to ensure that your child has dinner BEFORE being dropped off at the gym and is wearing comfortable, warm clothing that is suitable for sports activities.

Students are to be picked up at 9:00am the next morning.

**All children will need to pack the following items for the sleep over:**

* A sleeping bag
* Pillow
* Pyjamas
* Change of clothes
* Slippers
* Underwear
* Toothpaste
* Toothbrush
* One Teddy Bear / Soft Toy

Please note that all monies are to be paid by Friday 30th August 2013

Stephanie Kehoe
Organising Teacher

Robyn Gregson
Assistant Principal

__________________________  ____________________________
Child’s name: Grade:

I have enclosed the sum of $7.00 being payment for the “ANPS Sleep over” incursion.

Signed  Date
NAME ................................................. GRADE .............. ROOM ........

I authorize the teacher in charge of my child to consent where it is impracticable to communicate with me to the child receiving such medical or surgical treatment as may be deemed necessary.

My child is currently taking medication. Yes / No (please circle)

Name of medication ..........................................

Dosage .............................................

Food Allergies .............................................

Any other important information (example: sleep walking, bed wetting, first night away from home).............................................

Contact number that you are available on the night of the incursion .............................................

Signed ............................................. Date