



## YEAR 6 CODE CLUB EXCURSION – TELSTRA LABS

<i>Date note distributed:</i>	Tuesday October 31 <sup>st</sup>
<i>To:</i>	Parents/Guardians of Year 6 Code Club students
<b><i>Date &amp; Time of event:</i></b>	<b>Friday 10<sup>th</sup> November</b>
<i>Cost:</i>	Prepaid MYKI card – Minimum \$10 credit
<i>You can find the QKR charge in the:</i>	N/A
<i>Response Required: YES/NO</i>	YES (return to Mr Eykman)
<i>Return form &amp; payment due by:</i>	Friday November 3 <sup>rd</sup>
<i>Staff member in charge &amp; e-mail addresses:</i>	Evert Eykman Eykman.evert.e@edumail.vic.gov.au

On Friday the 10<sup>th</sup> of November, OSPS has been invited to the Telstra Head Office to participate in a special coding and robotics workshop in the Telstra Labs. Your child has been a committed member to the Code Club program in Year 6 and as a reward is invited to participate.

The excursion will be happening at the Telstra Labs in Exhibition Street and will require the following:

- The children **MUST** have a MYKI card pre-loaded with at least \$10 to cover their train fare, as we will be walking to and from Huntingdale Station.
- They need to wear school uniform and have a hat.
- Bring a back pack including a snack, lunch and a water bottle.

Extra Notes:

- We will be leaving at approximately 9:00am from school, so the children should come to school as normal.
- We expect to arrive back at around 3:30pm, however, we are catching the train and there may be a small possibility of a slightly later arrival. We will inform parents by FlexiBuzz if this is the case.

If you have any questions don't hesitate to contact either Mr Eykman.

Thanking you,  
**Mr Eykman**



### RETURN SLIP/ PERMISSION NOTE

<b><i>Please circle:</i></b> I give permission for my child to participate in the Telstra Labs excursion at Telstra Head Office in Exhibition Street on Friday 10 <sup>th</sup> of November 2017.		<b>YES / NO</b>
<i>I also authorise the teacher in charge to give consent (where it is impracticable to communicate with me), to my child receiving medical, ambulance or surgical treatment as may be deemed necessary.</i>		
<b>Student's name:</b>		<b>Grade</b>
<b>Parent / Guardian Signature:</b>		<b>Date</b>
<b>Emergency Contact Number:</b>	<b>Medicare Number:</b>	