Sefton Infants & Pre School



Sefton Infants and Preschool 180 – 194 Rodd Street Sefton NSW 2162

Phone: 9644 4079 Fax: 9743 7175

Email: seftoninf-p.school@det.nsw.edu.au Website: seftoninf-p.schools.nsw.gov.au

AUTHORISATION – PRESCHOOL VISITS TO SEFTON INFANTS SCHOOL SITES

CHILD'S FULL NAME:	PRESCHOOL	GROUP:	
Dear Parents/Carers,			
The preschool children and educators will be going on regular outings to locations within the enclosed Sefton Infants School grounds. Risk assessments have been prepared for each of these outings. Please contact the preschool if you would like to read these risk assessments. This completed authorisation note will remain valid while your child is enrolled at Sefton Infants Preschool. If you wish to change any of these permissions, we ask that you notify the preschool in writing. Please complete all permission notes and return to the preschool as soon as possible.			
Yours sincerely			
S.Labbe Principal	.~~~~~~~~~~~~	~~~~~~~~	
PERMISSION TO VISIT SEFTON INFANTS SCHOOL LIBRARY			
The preschool children and educators will a week. (Group A: 10-11am Tuesdays and G approximately one hour. The purpose of t activities and borrow library books. It is also to school program. We will travel to the Sefton Infants School library will the anticipate that 20 children and 2 staff means that throughout the library visit ther	Froup B: 10-11am Thursdays his visit is to participate in so an important activity as placed by walking together a members will attend this in) The visit will last for worthwhile literature part of our transition s a supervised group. regular outing which	
I give permission for my child to visit the each week. I understand the group will was Infants School site.	Sefton Infants School librar lk to and from the library, e	y as a regular outing nclosed in the Sefton	
Parent Name: S	Signature:	Date:	

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PERMISSION TO VISIT SEFTON INFANTS SCHOOL GRASS OUTDOOR PLAY AREA

The preschool children and educators will be visiting the Sefton Infants School enclosed grass outdoor play area daily as part of the preschool education program. The visit will last for approximately one - two hours. The purpose of this visit is to participate in worthwhile outdoor learning experiences and physical outdoor play.

We will travel to the Sefton Infants School grass outdoor play area by walking together as a supervised group. We anticipate that 20 children and 2 staff members will attend this regular outing which means that throughout the visit there will be a ratio of at least 2 adults to 10 children.

I give permission for my child to visit the Sefton Infants School grass outdoor play area as a regular outing each day. I understand the group will walk to and from the grassed outdoor play area, enclosed in the Sefton Infants School site.

Parent Name:	Signature:	Date:
PERMISSION 1	O VISIT SEFTON INFANTS SCH	HOOL COLA
(Covered Outdoor Learning Are school events and as part of the be informed of the exact dates one hour. The purpose of these and to help with school reading We will travel to the Sefton Information Supervised group within the enstaff members will attend this rethere will be a ratio of at least 2 of 1 give permission for my child regular outing during the year.	to visit the Sefton Infants School I understand the group will wal	srooms during special whole hroughout the year. You will ts will last for approximately al whole school celebrations chool program. In so walking together as a cipate that 20 children and 2 throughout the school visits and COLA and classrooms as a
classrooms, enclosed in the Se		Data
Parent Name:	Signature:	Date: