



Stage 2 - Nan Tien Temple Excursion

This term, Stage 2 students will be participating in an excursion to the Nan Tien Temple in Berkely. The excursion ties in with our Semester 2 History focus 'Community & Remembrance'.

All students will participate in a guided tour of the Temple, 1 cultural activity & a meal provided by the Nan Tien Temple. No outside food is to be consumed on Temple grounds.

- Year 3 will be visiting the Nan Tien Temple on Tuesday 6th September (Week 8)
- Year 4 will be attending Nan Tien Temple on Tuesday 13th September (Week 9)

Students will be travelling to and from venue by bus. Buses will be leaving Mount Terry Public School at 9am and returning to school by 2:50pm.

Students are to wear full school uniform.

Total cost of the excursion is \$18 and this has been added to your term 3 invoice.

COVID Disclaimer

I acknowledge that this event/activity is required to be held in accordance with any current NSW Health COVID-19 Public Health Orders and the NSW Department of Education's policies and procedures. I acknowledge and accept that there is a risk that my child may be exposed to COVID-19 whilst attending and participating at this event. I confirm that my child will not attend if displaying any symptoms of illness, and/or if directed to isolate under public health orders.

Please return the permission note on the following page to your child's classroom teacher by **Friday 26th August (week 6).**

Any questions please email Mr Wall at: brendan.k.wall@det.nsw.edu.au (or contact the school office).

Kind Regards,

Stage 2 Teachers

Stage 2 - Nan Tien Temple Excursion Permission Note

I, _____ give permission for my son/daughter

_____ in class _____ to attend the Nan Tien Temple
Excursion on **Tuesday 6th September (Year 3)** or **Tuesday 13th September**
(Year 4) (please circle).

I understand my child will be travelling to and from venue by bus and will be receiving a meal at the Nan Tien Temple.

I understand the total cost of the excursion is \$18 and has been included in my term 3 invoice. By signing my permission, I commit to paying the full cost through the invoice system.

Medical Conditions of my child:

Dietary requirements of my child:

Parent/Carer Signature: _____