

CENTENARY OF THE BATTLE OF BEERSHEBA YEAR 6 EXCURSION

Dear Parents/Guardians,

As part of our history component, we have planned an excursion to the Melbourne Shrine of Remembrance to commemorate the cavalry charge of the Australian Light Horses at Beersheba. The ceremony will be held at the Shrine of Remembrance on Tuesday 31st October from 11:00am until 3:15pm.

At dusk on 31st October 1917 the 4th Australian Light Horse Brigade executed a successful mounted charge against entrenched Turkish forces at Beersheba. By defying prevailing military doctrine, which held that rapid-fire weapons had signaled the end of the mounted warrior, the Australian Light Horse struck the decisive blow at the Battle of Beersheba and secured a place in military history. To commemorate the centenary of the battle and the legend of the Australian Light Horse, there will be a special wreath laying service on the Shrine Forecourt at 11:00am, supported by a procession of horses and riders in Light Horse uniform (available to meet after the Service).

As this will be a full day excursion, each child will be required to bring their snack, lunch, drink, sunscreen and their hat in a small backpack for which they will be responsible throughout the day. As the children will not have the opportunity to visit any shops, no money is to be brought on the day.

Cost: \$5.00

The completed permission form and money must be returned to school by Tuesday 17th October.

Year 6 Teachers



Year 6 Centenary of the Battle of Beersheba - Permission Form

I give permission for _____ in Class _____ to participate in the Battle of Beersheba Centennial Commemorative Ceremony honouring the Australian Light horse, excursion on Tuesday 31st October 2017.

This activity entails the booking of transport and/or other expenses of a fixed nature. Once payment has been made any child withdrawing from this activity will only be reimbursed for charges that the school can withhold such as admission charges.

I authorise the teacher in charge, where impracticable to communicate with me, to the child receiving such medical and/or surgical treatment as may be necessary and I will be responsible for any costs arising from such treatments.

SIGNED _____

DATE _____

(PARENT/GUARDIAN)

PARENT/GUARDIAN Emergency Contact Number: _____

PAYMENT OPTIONS:

Qkr! App

Pre-paid Excursion Levy

Camps, Sports & Excursions Fund (CSEF)

Enclosed payment of \$5.00

PARENT VOLUNTEER FORM - YEAR 6 ANZAC EXCURSION

Parents willing to assist with this excursion are required to have a current "Working with Children Check". The application form can be obtained online at www.workingwithchildren.vic.gov.au/home/applications/.

Child's Name: _____

Class: _____

Parent/Guardian Name: _____

Contact Number: _____

Parent/Guardian Signature: _____

Date of Excursion: 31st October 2017

Once obtained, please provide your child's teacher and the school office with a copy of your Working with Children card.