



2 June 2026

Yagan Square and Boola Bardip Museum Excursion

Dear Parents

On the 2nd July 2026, Year 5 students are invited to attend an excursion to Yagan Square and Boola Bardip Museum. Students will critically examine First Contact experiences between Aboriginal peoples in our state, investigating the history of encounters with various visitors through industry, trade and colonisation. Evidence of these diverse relationships and their cultural, social, and economic consequences are examined through objects within the *Connections* and *Ngallang Koort Boodja Wirn* galleries. It is valuable support to the History section of our HASS Curriculum.

- Where:** Yagan Square and Boola Bardip Museum
Date: 2nd July 2026
Time: Bus will depart school at 9:00am
This bus does have seatbelts
Bus will arrive back at school at approximately 3:10pm
Wear: All children must wear full school uniform. No faction tops.
What to bring: Recess and lunch needs to be brought in a labelled plastic bag. Students are not allowed to take backpacks on the excursion
Cost: **\$22.00**
Parent Help: Please email your classroom teacher if you are available to volunteer.

Please return the permission slip and payment by 22 June 2026. Any queries please don't hesitate to contact us.

Kind Regards,

Kirsten Hildebrandt, Michelle McCreery & Rebecca Armstrong

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I consent to _____ Room # _____ participating in an excursion to Yagan Square and Boola Bardip Museum on 2nd July 2026.

I have enclosed \$22.00 as payment.

I give permission for my son/daughter to receive medical treatment in case of emergency. I am aware that the school and its employees are not responsible for personal injuries or property damage which may occur on an excursion, unless the school or its employees are proven to be negligent.

Signed.....(Parent/guardian)

Date.....

ATTADALE PRIMARY SCHOOL – PAYMENT SLIP

Student: _____ Room # _____

Name of event: _____ Permission Slip attached:

Payment Amount: \$ _____ Payment Method: *Please circle*

Cash / Cheque / Credit Card / Bank Transfer/ Upfront Payment (Deduct from Account)

C/C# _____ / _____ / _____ / _____ Exp: ____ / ____

Signature of Cardholder: _____

Attadale PS: BSB 066 163 Account 0090 3316 Transfer receipt #: _____

(Please use name as reference)