



Dear Parent/Carer,

16 June 2025

I am pleased to provide you with the following details regarding our excursion

**RE: Excursion - Perth Hills Discover Centre**

<b>Excursion to:</b>	Perth Hills Discovery Centre - 380 Allen Road Mundaring
<b>Year groups attending:</b>	Year PP- Year 6
<b>Departure venue, date and time:</b>	Tuesday - 1 <sup>st</sup> July Depart from Mount Helena PS at 9.40am - return at 2.15pm
<b>Excursion Leaders:</b>	Mrs Megan Howe
<b>Supervisory Team</b>	Supervisory ratios are in accordance with the Department of Education, Local Area Excursion Policy. The following staff will be attending: Mr Gough, Mr Bielby, Mr Prendergast, Miss Gore, Miss Anderson, Ms Pinakis, Mrs Goddard, Mrs Studd, Mrs Quigley, Mrs Howe
<b>First Aid Officer:</b>	Mrs Cat Studd
<b>Cost</b>	Including bus transport cost \$27.00 per student. Payment due by 24 June.
<b>Contact arrangements during the excursion</b>	If you need to make contact during the excursion time, please do so via the school office on 9573 0000.

**Educational purpose of excursion**

Students will learn about Western Australia's amazing fauna, flora, biology, ecosystems, and fire management, all within the Beelu National Park. The students will complete 4 different activities on a rotational basis. The excursion links to the Science and HaSS curriculum.

**Special clothing or other items required:**

Students are required to wear their Mount Helena PS uniforms. It is required that they have warm clothing (recommend top and tracksuit pants) and, in case of wet conditions, a rain jacket and/or a spare set of dry clothes for the return to school. Students will need to bring appropriate footwear for walking in the bush, water bottles, snacks and a packed lunch. Hats are required.

**Mrs Allysen Noble**  
Deputy Principal

Wednesday - Friday

## LOCAL AREA EXCURSIONS INFORMATION AND CONSENT TO PARTICIPATE

Please complete, sign and return the section below to the school by: **Tuesday 24<sup>th</sup> June 2025**

<b>School:</b>	Mount Helena Primary School
<b>Child's Name:</b>	
<b>Year - Room:</b>	Year _____ Room _____
<b>Excursion to:</b>	Perth Hills Discovery Centre

### Student health considerations

- If your child's medical condition has changed or your child has special needs, please provide full details and include any relevant medical details. This is to be completed on the Student Health Care Summary which is available on the school website [mounthelenaps.wa.edu.au](http://mounthelenaps.wa.edu.au) or via the school office.

### Special considerations

If the proposed excursion poses additional health risks in addition to those identified in the Medical Form, please outline additional health risks below.

### Please provide details:

### Parent/Carer consent

I give permission for my child 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 that may occur on an excursion, unless the school or its employees are proven to be negligent. I give permission for my child to travel by bus transport to Perth Hills Discovery Centre - 380 Allen Road Mundaring, under the supervision of school staff.

Parent/Carer Name:

Parent/Carer Signature:

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Yes, I consent to my child receiving medical treatment in an emergency and to travel via bus to and from Perth Hills Discover centre.

Please tick the box if paying by direct deposit ☐

Account Name: Mount Helena Primary School BSB 066-115Account: 00907320

Whilst our preferred payment method is direct deposit, cash payments can be made through the silver mail box at reception. Please place name and room number on envelope.

**Emergency Contact Information**

Name:	Name:
Daytime contact:	Daytime contact:
After hours contact:	Afterhours contact:
Relationship:	Relationship:

I \_\_\_\_\_ (parent name) consent to my child  
\_\_\_\_\_ to attend the Perth Hills's Discovery Centre in Mundaring on the 1<sup>st</sup>  
July 2025.

We will also be looking for parent volunteers to attend the excursion.  
Please indicant below if you would like to attend.  
\*\*Please note - please meet us at the location - there is plenty of parking, and we will be there at  
9.55am and departing at 2.00pm \*\*

Yes - I will attend as a parent volunteer. ☐

Name: \_\_\_\_\_ Contact number: \_\_\_\_\_

Signed	Date:
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