Dear Parent/Guardian,

World of Maths Incursion

On **Thursday 17 and Friday 18 October,** Pre-primary to Year Three students will be participating in a 60 minute, hands on Mathematics incursion, conducted by World of Maths (a travelling, interactive Maths Workshop) to compliment our school's focus on Problem Solving.

World of Maths, offers an ideal opportunity for students to see how Maths is applied to everyday life situations, explore Maths in a hands-on environment. Students are encouraged to communicate their Maths ideas and answers with other students in small teams, working together.

Students will gain insight into problem solving, working in teams, and explore various mathematic strands which are part of their curriculum this term. It is a highly engaging session which will show that Maths is everywhere, it is important and of course that Maths can be fun!

The Pre-primary and Year One students would greatly benefit from parent helpers to ensure they get the most out of the session. Please see the timetable below for your child's allocated time slot and if you are able to assist, please fill out the below parent details and return to the office by **Monday, 23 September, 2019.**

Details of the Visit: **Year Levels:**   Pre-primary – Year Three
                              Date: Thursday, 17 and Friday, 18 October 2019
                              Cost: **$6.00 per student**

	Thursday 17 October	**Friday 18 October**
8:45-9:45	T1 (PP/Year 1) T2 (PP)	W15 (Year 2) W16 (Year 2)
9:45-10:45	T3 (PP) T4 (PP)	T5 (Year 2) T6 (Year 2)
11:05-12:05	B1 (Year 1) B5 (Year 1)	H10 (Year 3) H12 (Year 3) H13 (Year 3)
12:05-1:05	B4 (Year 1) W14 (Year 2)	T7 (Year 3) T8 (Year 3)

Please complete and return the attached forms **to the office** by **Monday, 23 September, 2019.** Any questions or queries, please do not hesitate to get in contact with me via email.

Yours sincerely

Kaila Lester
MATHS CURRICULUM LEADER
E: kaila.hudson@education.wa.edu.au

9 September 2019

World of Maths Incursion

Please return this form along with payment to the front office by:
Monday, 23 September, 2019

Staff supervising students will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities. Parents/guardians should be aware that staff members are not responsible for injury or damage to property which may occur during the program where, in all circumstances, staff have not been negligent.

I am aware that any costs incurred as a result of accident or illness are my responsibility and that school staff are not responsible for any loss or damage to my child's personal property that may occur during the course of the program.

I agree to inform the organisers well before the scheduled commencement of the program of any changes to my child's health and fitness so that appropriate supervision may be arranged. I acknowledge that, should it be considered necessary, school staff will arrange to present my child for medical assessment and treatment. This may necessitate calling an ambulance. If possible, teachers will try to contact parent/guardian prior to calling an ambulance; however, the costs will the parent/guardians responsibility.

Parent/Guardian Contact Information:

☏Home:	☏Work:	☏Mobile:
Other:		

I have read and understood the information regarding the **World of Maths** Incursion on Thursday, 17 and Friday,

18 October, 2019 and I give consent for my child _____

in Room _____ to attend.

Please indicate by ticking the box if you are able to help on the day. I am able to help on the day. ☐

Volunteer details

Name: _____

Email: _____

Signature of parent/guardian _____   **Date:** _____

Pre-Primary to Year 3 - World of Maths Incursion

Payment due by Monday, 23 September

All Payments in an envelope to the front office

Please complete the details below

Child: _____   **Room:** _____   **Cost: $6.00**

Please tick correct box

    Cash ☐   Credit card ☐   EFTPOS ☐

Credit card details

Name on card _____   Amount $ _____

Card Number __ __ __ __/ __ __ __ __/ __ __ __ __/ __ __ __ __

CCV Number __ __ __   Expiry Date __ __/__ __

Signature of Cardholder   _____