



October 6, 2006

**Environmental Neighbourhood Cluster Display  
for National Water Week at Scienceworks Museum  
October 16 to October 19, 2006**

Your child has been selected to assist with a display of student's work being held at the Scienceworks Museum. Building on the success from last year the display is called WATER POWER and will highlight the commitments students have made to save water at school and at home. The general public will be asked to also make a water commitment to help save water.

The display will include photos of students next to their water commitment, a student designed website with podcasts, an interactive e-quiz, an interactive matching game and an comic produced by students. A large image of a water droplet will show everyone's water saving actions growing over the week.

The cluster is made up of four schools, Williamstown North Primary, Williamstown Primary, Williamstown High and Spotswood Primary. Each school will be present at the display for a day, as outlined below. Students will use public transit to and from Scienceworks. Student will be supervised with a teacher from their school at all times. We will be at Scienceworks all day from 10:00am to 2:30pm please feel free to visit the display. [They will leave school at 9:30 and return by 3:15]

Monday October 16 – Spotswood Primary Tuesday October 17 – Williamstown North Primary  
**Wednesday October 18 – Williamstown Primary** Thursday October 19 – Williamstown High

Please return the bottom part of this slip if you give permission for your student to attend. There maybe media attending throughout the week. Please also give permission for your student to be photographed by the media.

Thank you for your support.  
Warm regards,  
Kara Spence  
Cluster Educator

**Students will be with Mark Richardson, while at Scienceworks. Mark will also transport student to and from Scienceworks in his car [Toyota Corolla SMT 109]. Students need school uniform, snack, drink and lunch. Any questions ring Mark on 0403198225**

I herby consent to my child (full name) \_\_\_\_\_  
of year level/home group \_\_\_\_\_ to attending the excursion to  
\_\_\_\_\_ on \_\_\_\_\_. I am aware that my child will be  
travelling by \_\_\_\_\_. In the event of illness or injury to my child during  
the excursion, I authorise the teacher in charge of the excursion to consent, where it  
is impracticable to communicate with me, to my child receive such medical or  
surgical treatment as many be deemed necessary.

I give permission for my child (name) \_\_\_\_\_ to be photographed  
by media and for their images to be used in later publications including the cluster  
website.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone Contact Numbers: \_\_\_\_\_