

School Science Program – Expression of Interest, Term 3 2017

Please return to Mrs Kenny with your name clearly labelled.

I wish to participate in the After School Science Program for the remainder of Term 3, 2017.

Child's Name: _____

Child's Grade: _____

Allergies: _____

Contact Name & Phone Number: _____

Please indicate the arrangements for your child after the class:

PLEASE CIRCLE:

My child will be picked up

My child will walk home

My child will go to OSHC