



Thomas Acres Public School

Crispsparkle Drive, Ambarvale NSW 2560

Telephone: (02) 4626 4577

Fax: (02) 4626 8488

Email: thomasacre-p.school@det.nsw.edu.au

www.thomascre-p.schools.nsw.edu.au

Dear Parent/Carers,

2 May 2024

EXCURSION/EVENT	Zone Cross Country Carnival	YEAR/STAGE	Primary
DATE	Friday, 17 th May 2024	COST	\$5.00 <i>Payment may not be refundable</i>
VENUE DETAILS	Ambarvale Sports Complex		
TRAVEL ARRANGEMENTS	METHOD	Car – Private Transport	
	ARRIVE TO	8:45am	
	RETURN TO	1:00pm	
MEAL ARRANGEMENTS	Required - please provide lunch, recess and a drink		
UNIFORM DETAILS	School uniform, hat and school bag		
ORGANISER/TELEPHONE	Mr Buckley – phone 4626 4577		
PAYMENT DUE DATE	15 May 2024		
EDUCATIONAL OUTCOME	<p>Your child has been selected to represent Thomas Acres Public School at the Campbelltown Zone Cross Carnival. Transport to and from the venue is by PRIVATE transport. If you are UNABLE to arrange transport for your child, PLEASE let Mr Buckley know ASAP</p> <p>The payment of \$5 MUST be paid PRIOR to the event at the school office. You CANNOT pay at the event on the day. Students will need to be transported to and from Ambarvale Sports Complex by a parent or caregiver. Mr Buckley will be supervising students on the day. Please be at the grounds by 8:45am. The first marshalling call is at 8.45am.</p>		

If you wish for your child to attend, please complete the Permission Note and return it to the Office, along with your payment method by the due date. If you are unable to pay by this date, please contact the Office to see if an extension is possible. **Late payments cannot be accepted without prior arrangement.** **Thank You – Sports Committee**

PERMISSION FOR CHOOSE AN ITEM. – ZONE CROSS COUNTRY.

I hereby give permission for my child _____ of class _____ to attend **Zone Cross Country 2024** Excursion/Event on **Friday, 17 May 2024** at a cost of **\$5.00** I understand that travel will be by **Private Transport**. My child has:

- Anaphylaxis Asthma (severe or mild) Allergies _____ Other _____

Parent/Carers Signature: _____ Date: ____/____/____

PLEASE ENSURE THIS NOTE IS SIGNED & RETURNED AS PROOF OF PERMISSION TO ATTEND

Please select one (1) payment method below

- ONLINE** via **Sentral for Parents App**. There is no need to return this note if you have given permission online.
- EFTPOS** - Accepted only by tapping/swiping card directly into EFTPOS terminal located in the Office. *Phone payments not accepted – consider using Online method instead.*
- CASH** - enclosed is \$_____. Adult making this payment (*please print*) _____
- CREDIT** - please use \$_____ credit for this payment.



Office
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