



Thomas Acres Public School

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

Dear Parent/Carers,

27 April 2022

EXCURSION/EVENT	Gala Day – BOYS SOCCER			YEAR/STAGE	Primary
DATE	Friday, 27 May, 24 June, 12 August, 16 September 2022			COST	\$40.00 (Non-refundable)
VENUE DETAILS	TBC –				
TRAVEL ARRANGEMENTS	METHOD	Bus			
	DEPART	Thomas Acres Public School	DEPART TIME	9:00am	
	RETURN TO	Thomas Acres Public School	RETURN TIME	3:00pm	
MEAL ARRANGEMENTS	Required - please provide lunch, recess and a drink				
UNIFORM DETAILS	Sports uniform, hat and school bag				
ORGANISER/TELEPHONE	Mr Morris and Mr Buckley – phone 4626 4577				
PAYMENT DUE DATE	Friday, 20 May 2022				
EDUCATIONAL OUTCOME	<p>The payment of \$40 is the TOTAL of all four Gala Days across Term 2 and 3.</p> <p>Gala Day #1 is 27th May 2022 (Payment due date is the 20th of May)</p> <p>Gala Day #2 is 24th June 2022 (Payment due date is the 17th of June)</p> <p>Gala Day #3 is 12th of August 2022 (Payment due date is the 5th of August)</p> <p>Gala Day #4 is 16th of September 2022 (Payment due date is the 9th of September)</p> <p>Supervising teachers (Coaches) for Boys Soccer are Miss Silva and Mr Carrasco</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.**

As buses are pre-booked and paid for, if your child is absent from a Gala Day OR decides to no longer play, the full payment is still required, and no refunds will be offered.

Thank You – Mr Morris and Mr Buckley

PERMISSION FOR PRIMARY – GALA DAY- BOYS SOCCER

I hereby give permission for my child _____ of class _____ to attend Gala Day – BOYS SOCCER Excursion/Event on **Friday, 27 May, 24 June, 12 August, 16 September 2022** at a cost of **\$40.00 (Non-refundable) (Non-refundable)**. I understand that travel will be by **Bus**. 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 PAYMENT (\$10 minimum)** – My receipt number is _____ paid on ____/____/____
Please enter “**BOYS SOCCER**” in the payment description under “Excursion”. **If using this method, please pay 2 days earlier than due date to allow time for the school to be credited with your payment.**

☐ **EFTPOS (\$10 minimum)** - Accepted only by tapping/swiping card directly into EFTPOS terminal located in the Office. *Phone payments not accepted – consider using Online Payment instead.*

☐ **CASH** - enclosed is \$_____. Adult making payment (please print full name) _____

☐ **FIA (Fees in Advance)** – please use all/some of my credit for this payment

Office
use

