

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,

27 April 2022

Excursion/Event	Gala Da	y – TOUCH FOOTBALL	YEAR/STAGE	Primary	
DATE	Friday, 27 May, 24 June, 12 August, 16 September 2022		Соѕт	\$40.00 (Non-refundable)	
VENUE DETAILS	Oswald Reserve, Rosemeadow				
	METHOD BUS				
TRAVEL ARRANGEMENTS	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		The payment of \$40 is the TOTAL of all fou Gala Day #1 is 27th May 2022 (Payment Gala Day #2 is 24th June 2022 (Payment Gala Day #3 is 12th of August 2022 (Payme Day #4 is 16th of September 2022 (Payme Supervising teacher (Coach) for TOL	due date is the 2 due date is the 1 nt due date is the nt due date is the	0th of May) 7th of June) 5th of August) 9th of September)	

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- TOUCH FOOTBALL

I hereby give p	ermission for my child		of class	s to attend			
Gala Day – TOL	JCH FOOTBALL Excursion/	Event on Frida	y, 27 May, 24 June, 12 August, 16 Sept	ember 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				

Anaphylaxis

Parent/Carers Signature: _____

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 " Touch Football " in the payment description under "Excursion". If using this method, please pay <u>2 days earlier than due date</u> 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. <i>Phone payments not accepted – consider using Online Payment instead</i> .	AND THE PROPERTY OF
_		

<u>CASH</u> - enclosed is \$_____. Adult making payment (*please <u>print</u> full name*) ____

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

Office
use