



Thomas Acres Public School

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Dear Parent/Carers,

7 February 2023

EXCURSION/EVENT	Gala Day – Girls Soccer			YEAR/STAGE	Primary
DATE	Term 2- Week 4 Friday 19 May, Week 8 Friday 16 June Term 3- Week 4 Friday 11 August, Week 8 Friday 8 September			COST	\$50.00 (Non-refundable)
VENUE DETAILS	TBC –				
TRAVEL ARRANGEMENTS	METHOD	Bus			
	DEPART FROM	Thomas Acres Public School	DEPART TIME	9:00am	
	RETURN TO	Thomas Acres Public School	RETURN TIME	2:55pm	
MEAL ARRANGEMENTS	Required - please provide lunch, recess and a drink				
EQUIPMENT REQUIRED	Sunscreen, Shin Guards, Soccer Boots				
UNIFORM DETAILS	Sports uniform, hat and school bag				
ORGANISER/TELEPHONE	Mr Buckley, Miss Raftry and Mr Morris – phone 4626 4577				
PAYMENT DUE DATE	Wednesday 3rd May, 2023				
EDUCATIONAL OUTCOME	As part of the PDHPE syllabus, students will learn how to maintain a happy and active lifestyle. By allowing your child to attend the primary Gala Day they gain the opportunity to enjoy sport and live a healthy lifestyle.				

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 payment is not made by the due date, the position on the team will be offered to another student.**

Thank You – Mr Buckley

PERMISSION FOR PRIMARY – GALA DAY- GIRLS SOCCER

I hereby give permission for my child _____ of class _____ to attend Gala Day – Girls Soccer Excursion/Event on **Friday, 19 May, 16 June, 11 August, 8 September 2023** at a cost of **\$50.00 (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 **“Girls 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