



Thomas Acres Public School

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Dear Parent/Carers,

9 November 2023

| | | | | |
|---------------------|--|----------------------------|------------|--|
| EXCURSION/EVENT | Special Children's Christmas Party | | YEAR/STAGE | Support Unit K-6 |
| DATE | Wednesday, 6 December 2023 | | COST | \$10 <i>Payment may not be refundable</i> |
| VENUE DETAILS | Grand Pavilion - Rosehill Race Gardens | | | |
| TRAVEL ARRANGEMENTS | METHOD | Bus | | |
| | DEPART | Thomas Acres Public School | DEPART | 9:30am |
| | RETURN TO | Thomas Acres Public School | RETURN | 2:30pm |
| MEAL ARRANGEMENTS | Not required - meals will be provided – extra snacks may be helpful for some students | | | |
| UNIFORM DETAILS | School uniform, hat and school bag | | | |
| ORGANISER/TELEPHONE | Tracey Lawrence – phone 4626 4577 | | | |
| PAYMENT DUE DATE | 30 November 2023 | | | |
| EDUCATIONAL OUTCOME | Students in the Support Unit will be treated to a day of celebration comprising of a 3-hour stage show featuring many local and national celebrities. There will be activities such as merry go-rounds, activities, face painting and much more. All food, drinks, lollies, and ice creams will provide for free. There will be brand new presents to collect and take home. | | | |

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 – Tracey Lawrence



PERMISSION FOR SUPPORT UNIT K-6 - SPECIAL CHILDREN'S CHRISTMAS PARTY

I hereby give permission for my child _____ of class _____ to attend **Special Children's Christmas Party** on Wednesday, 6 December 2023 at a cost of \$10

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** 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
use