



# 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,

15 August 2023

EXCURSION/EVENT	<b>Zone Athletic (Field)</b>		YEAR/STAGE	<b>N/A</b>
DATE	<b>Tuesday, 29 August 2023</b>		COST	<b>\$5</b> <i>Payment may not be refundable</i>
VENUE DETAILS	<b>Campbelltown Athletics Centre, Corner of Rose Payten Dr &amp;, Pembroke Rd, Leumeah NSW 2560</b>			
TRAVEL ARRANGEMENTS	METHOD	<b>Private transport (make your own way to the venue)</b>		
	DEPART FROM	Home	ARRIVE TIME	8:00am
	RETURN TO	Home	RETURN TIME	3:00pm
MEAL ARRANGEMENTS	Required - please provide lunch, recess and a drink			
UNIFORM DETAILS	Sports uniform, hat and school bag			
ORGANISER/TELEPHONE	Stage 3 – phone 04626 4577			
PAYMENT DUE DATE	25 August 2023			
EDUCATIONAL OUTCOME	Your child has progressed to represent Thomas Acres PS at the Zone Athletics. Students will need to make their own way to the venue. They will compete against other schools in their age group. <b>THIS WILL BE BASED ON THE AGE THEY ARE TURNING THIS YEAR.</b> Please ensure that your child has a hat, sunscreen, plenty of water, lunch and recess. Students are to wear their Thomas Acres sports uniform and wear suitable running shoes, no spikes. If your child suffers from asthma, they <b>MUST</b> have their puffer with them on the day.			

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 – Stage 3**

## PERMISSION FOR – ZONE ATHLETICS

I hereby give permission for my child \_\_\_\_\_ of class \_\_\_\_\_ to attend **Zone Athletics (Field)** Excursion/Event on **Tuesday, 29 August 2023** at a cost of **\$5** I understand that travel will be by **PRIVATE TRANSPORT** I also understand this payment is **\$5**. 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*.
- ☐ **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