



# Thomas Acres Public School

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Dear Parent/Carers,

13 May 2024

<b>EXCURSION/EVENT</b>	<b>Development Day – Hockey</b>		<b>YEAR/STAGE</b>	<b>Primary</b>
<b>DATE</b>	Term 2- Week 4 Friday 24 May, Week 8 Friday 21 June Term 3- Week 4 Friday 16 August, Week 8 Friday 13 September		<b>COST</b>	Free
<b>VENUE DETAILS</b>	Thomas Acres Reserve			
<b>TRAVEL ARRANGEMENTS</b>	<b>METHOD</b>	Walking		
	<b>DEPART FROM</b>	Thomas Acres Public School	<b>DEPART TIME</b>	9:00am
	<b>RETURN TO</b>	Thomas Acres Public School	<b>RETURN TIME</b>	2:55pm
<b>MEAL ARRANGEMENTS</b>	Required - please provide lunch, recess and a drink			
<b>EQUIPMENT REQUIRED</b>	Shin Guards, Mouth Guard, Sunscreen			
<b>UNIFORM DETAILS</b>	Sports uniform, hat and school bag			
<b>PERMISSION DUE DATE</b>	23 <sup>rd</sup> May 2024			
<b>ORGANISER/TELEPHONE</b>	Mr Buckley – phone 4626 4577			
<b>EDUCATIONAL OUTCOME</b>	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 Development Day they gain the opportunity to enjoy sport and live a healthy lifestyle.			

This year Thomas Acres PS will be offering students the opportunity to attend the Campbelltown PSSA Hockey Development Day. These Development days will be held on the same days as other Winter Gala days, however rather than competing in 3 games throughout the day students will be developing their Hockey skills. As this is a skills development program students will **not have to pay** for the Hockey Development Days.

If you wish for your child to attend, please complete the Permission Note and return it to the Office by the due date.

**Thank You – Mr Buckley**

## PERMISSION FOR PRIMARY – DEVELOPMENT DAY- HOCKEY

I hereby give permission for my child \_\_\_\_\_ of class \_\_\_\_\_ to attend Development Day – Hockey Excursion/Event on **Friday, 24 May, 21 June, 16 August, 13 September 2024**. I understand that students will be walking to Thomas Acres Reserve. 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**