

## Thomas Acres Public School

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Dear Parent/Carers, YEAR/STAG **Swimming Carnival 2025 EXCURSION/EVENT** Primary Ε DATE Friday, 21 February 2025 VENUE DETAILS The Gordon Fetterplace Aquatic Centre, The Pkwy, Bradbury NSW 2560 METHOD Bus DEPART DEPART Thomas Acres Public School 8:45am **TRAVEL ARRANGEMENTS** FROM ΤΙΜΕ Return **RETURN TO** Thomas Acres Public School 11:00am ΤΙΜΕ Required - please provide lunch and a drink **MEAL ARRANGEMENTS** UNIFORM DETAILS Please wear School Uniform with swimmers underneath. **ORGANISER/TELEPHONE** Sports Team – phone 4626 4577 To meet the requirements of the PDHPE Syllabus, we ask you to please ensure you fill out the Swimming Requirements page. If my child is diagnosed with concussion at any time, I must inform the school and provide a medical clearance to support their return to sport and physical activity. If my child experiences a suspected **EDUCATIONAL OUTCOME** concussion during school, they will be removed from the activity and medical follow-up recommended. If your child is successful in making it into the TAPS zone team, please be aware that the Campbelltown Zone Swimming Carnival is held on Monday, 3 March 2025.

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.

Thank You – Mr Tasker

## **PERMISSION FOR PRIMARY – SWIMMING CARNIVAL**

| I hereby give permission for my child of class to attend <b>Swimming Carnival 2025</b> Excursion/Event on <b>Friday, 21 February 2025 at no cost</b> . Please tick if you are transporting your child to and from the event or would like them to go by bus: |                         |             |         |  |
|--|-------------------------|-------------|---------|--|
| $\Box$ I will transport them to and from the event   |                         |             |         |  |
| $\Box$ travel by bus to and from the event   |                         |             |         |  |
| My child has:  |                         |             |         |  |
| Anaphylaxis  | Asthma (severe or mild) | □ Allergies | □ Other |  |

Parent/Carers Signature: \_\_\_\_\_



13 February 2025