



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.thomasacre-p.schools.nsw.edu.au

Dear Parent/Carers,

9 May 2025

EXCURSION/EVENT	Gala Day – Girls Soccer		YEAR/STAGE	Primary
DATE	Term 2- Week 4 Friday 23 May, Week 8 Friday 20 June Term 3- Week 4 Friday 15 August, Week 8 Friday 12 September		COST	\$12.50 will need to be paid before each Gala Day
VENUE DETAILS	Lynwood Park			
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 Tasker– phone 4626 4577			
PAYMENT DUE DATE	Due the Wednesday before each Gala Day			
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 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 – Mr Tasker

PERMISSION FOR PRIMARY – GALA DAY- GIRLS SOCCER

I hereby give permission for my child _____ of class _____ to attend Gala Day – Girls Soccer Event in Week 4 Friday 23 May, Week 8 Friday 20 June and Term 3- Week 4 Friday 15 August, Week 8 Friday 12 September **2025** at a cost of **\$12.50 (Non-refundable) before each Gala Day**. 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



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Dear Parent/Carers,

16 February 2025

Concussion acknowledgement

I acknowledge that if my child has sustained a concussion in the lead-up to the event, I must provide medical clearance to the school or the supervising teacher prior to competition commencing.

I understand that if my child sustains a concussion or suspected concussion during a NSW Department of Education sporting event, they will be removed from competition until medical clearance is provided to the supervising teacher.