



# 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	Zone Cross Country Carnival		YEAR/STAGE	Primary
DATE	Friday, 30 May 2025		COST	FREE
VENUE DETAILS	Ambarvale Sports Complex			
TRAVEL ARRANGEMENTS	METHOD	Car – Private Transport		
	ARRIVE TO	9:15am		
	RETURN TO	2:00pm		
MEAL ARRANGEMENTS	Required - please provide lunch, recess and a drink			
UNIFORM DETAILS	School uniform, hat and school bag			
ORGANISER/TELEPHONE	Mr Tasker– phone 4626 4577			
PAYMENT DUE DATE	28 May 2025			
EDUCATIONAL OUTCOME	<p>Your child has been selected to represent Thomas Acres Public School at the Campbelltown Zone Cross Carnival. Transport to and from the venue is by PRIVATE transport. If you are UNABLE to arrange transport for your child, PLEASE let Mr Buckley know ASAP.</p> <p>The payment of \$5 MUST be paid PRIOR to the event at the school office. You CANNOT pay at the event on the day. Students will need to be transported to and from Ambarvale Sports Complex by a parent or caregiver.</p> <p>Mr Buckley will be supervising students on the day. Please be at the grounds by 9:15am. The first marshalling call is at 9.30am.</p>			

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. **Late payments cannot be accepted without prior arrangement.**

Thank You – Sports Committee

## PERMISSION FOR ZONE CROSS COUNTRY.

I hereby give permission for my child \_\_\_\_\_ of class \_\_\_\_\_ to attend **Zone Cross Country Carnival 2025** Excursion/Event on **Friday, 30 May 2025** at a cost of **\$5.00** I understand that travel will be by **Private Transport**. 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,

2 May 2024

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 concussion during school, they will be removed from the activity and medical follow-up recommended.