



Thomas Acres Public School

Crispsparkle Drive, Ambarvale NSW 2560

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

Dear Parent/Carers,

11 August 2025

EXCURSION/EVENT	Zone Athletic (Field)		YEAR/STAGE	N/A
DATE	Tuesday, 2 September 2024		COST	\$8 <i>Payment may not be refundable</i>
VENUE DETAILS	Campbelltown Athletics Centre, Corner of Rose Payten Dr &, Pembroke Rd, Leumeah NSW 2560			
TRAVEL ARRANGEMENTS	METHOD	Private transport (make your own way to the venue)		
	DEPART	Home	ARRIVE TIME	8:00am
	RETURN TO	Home / School	RETURN TIME	1:30pm
MEAL ARRANGEMENTS	Required - please provide lunch, recess and a drink			
UNIFORM DETAILS	Sports uniform, hat and school bag			
ORGANISER/TELEPHONE	Mr Tasker – phone 04626 4577			
PAYMENT DUE DATE	27 August 2025			
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. THIS WILL BE BASED ON THE AGE THEY ARE TURNING THIS YEAR. 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 MUST have their puffer with them on the day.			

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.

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 – ZONE ATHLETICS

I hereby give permission for my child _____ of class _____ to attend **Zone Athletics (Field)** Excursion/Event on **Tuesday, 2 September 2024** at a cost of **\$8**. I understand that travel will be by **PRIVATE TRANSPORT**. I also understand this payment is **\$8**. 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