



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.thomascre-p.schools.nsw.edu.au

Dear Parent/Carers,

3 March 2025

EXCURSION/EVENT	Gala Day – Basketball			YEAR/STAGE	Primary
DATE	Term 1- Week 7 Friday 14 March, Week 10 Friday 4 April Term 4-week 2 24 October, Week 4 Friday 7 November			COST	\$12.50 will need to be paid before each Gala Day
VENUE DETAILS	Minto Indoor Sports Centre week 7 Eagle Vale High School week 10 TBC				
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				
UNIFORM DETAILS	Sports uniform, hat and school bag				
EQUIPMENT REQUIRED	Sunscreen				
ORGANISER/TELEPHONE	Mr Tasker – phone 4626 4577				
PAYMENT DUE DATE	Wednesday 12th March, 2025				
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 payment is not made by the due date, the position on the team will be offered to another student.**

Thank You –Mr Tasker

PERMISSION FOR PRIMARY – GALA DAY- BASKETBALL

I hereby give permission for my child _____ of class _____ to attend **Gala Day – Basketball 2025** Excursion on **Friday, 14 March, 4 April, 24 October and 7 November 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,

17 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.