



Thomas Acres Public School

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Dear Parent/Carers,

29 February 2024

EXCURSION/EVENT	Zone Swimming Carnival		YEAR/STAGE	Primary
DATE	Monday, 4 March 2024		COST	\$5.00 Payment may not be refundable
VENUE DETAILS	Gordon Fetterplace Aquatic Centre – Bradbury Pool			
TRAVEL ARRANGEMENTS	METHOD	Car – Private Transport		
	DEPART FROM	8:45am at the pool		
	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 Buckley – phone 4626 4577			
PAYMENT DUE DATE	5 February 2024			
EDUCATIONAL OUTCOME	<p>Your child has been selected to represent Thomas Acres Public School at the Campbelltown Zone Swimming 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 pools on the day. Spectators will be charged \$3.50 on the day for entry.</p> <p>Students will need to be transported to and from the pool by a parent or caregiver.</p> <p>Mr Buckley will be supervising students on the day. Please be at the pools by 8:45am. The first marshalling call is at 8.45am.</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 to see if an extension is possible. **Late payments cannot be accepted without prior arrangement.** *Thank You – Sports Committee*

PERMISSION FOR CHOOSE AN ITEM. – ZONE SWIMMING CARNIVAL

I hereby give permission for my child _____ of class _____ to attend **Swimming Carnival 2024** Excursion/Event on **Monday, 4 March 2024** at a cost of **\$5.00** I understand that travel will be by **Private Transport** I also understand this payment is **\$5.00** 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
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