



Thomas Acres Public School

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Dear Parent/Carers,

13 June 2024

EXCURSION/EVENT	Primary Athletics Carnival	YEAR/STAGE	3-6
DATE	Wednesday, 24 July 2024	COST	\$15
VENUE DETAILS	Narellan Sports Hub, 6 Porrende St, Narellan NSW 2567		
TRAVEL ARRANGEMENTS	METHOD	Bus	
	DEPART FROM	Thomas Acres Public School	DEPARTURE TIME 9:00am
	RETURN TO	Thomas Acres Public School	RETURN TIME 2:55pm
MEAL ARRANGEMENTS	Required - please provide lunch, recess and a drink. Plenty of water		
UNIFORM DETAILS	Sports uniform, hat and school bag		
ORGANISER/TELEPHONE	Mr Buckley – phone 04626 4577		
PAYMENT DUE DATE	Friday 5 July, 2024		
EDUCATIONAL OUTCOME	<p>THIS IS A WHOLE PRIMARY EVENT – all primary students are encouraged to attend. Students in Year 2 who are 8 or turning 8 this year, and participate in COMPETITIVE athletics outside of school are invited to attend.</p> <p>If your child is successful in making it into the TAPS zone team, please be aware that the Campbelltown Zone Athletics Carnival is held on the 28th / 29th of August 2024.</p> <p>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.</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 – Mr Buckley**

PERMISSION FOR PRIMARY ATHLETICS CARNIVAL

I hereby give permission for my child _____ of class _____ to attend Primary Athletics Carnival on **24/07/24**. at a cost of **\$15**. 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
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