



# 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,

4 June 2024

EXCURSION/EVENT	<b>Stage 2 Crash Night</b>		YEAR/STAGE	<b>Stage 2</b>
DATE	Thursday and Friday, 25 -26 July 2024		COST	\$35 <i>Payment may not be refundable</i>
VENUE DETAILS	School			
TRAVEL ARRANGEMENTS	ARRIVE	Thomas Acres Public School Thursday 6:00pm		
	DEPART	Thomas Acres Public School Friday 2:55pm		
MEAL ARRANGEMENTS	Students <b>bring</b> Recess and Lunch for Thursday. Students need to <b>bring</b> their own water on both days. All meals for Thursday dinner and Friday will be provided during the Crash Night.			
UNIFORM DETAILS	Comfortable clothes for Thursday night and Mufti for the Friday			
ORGANISER/TELEPHONE	Miss Tuerlings – phone 4626 4577			
PAYMENT DUE DATE	23 July 2024			
EDUCATIONAL OUTCOME	<b>Students will develop</b> <ul style="list-style-type: none"> <li>enhanced teamwork and communication skills</li> <li>leadership skills and roles within groups</li> <li>engagement in physical activities that promote health and fitness</li> <li>increased self-confidence and self-reliance.</li> </ul>			

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 – Miss Tuerlings and Stage 2*



## PERMISSION FOR Stage 2 Crash Night – Thomas Acres Public School

I hereby give permission for my child \_\_\_\_\_ of class \_\_\_\_\_ to attend Stage 2 Night Crash Night on **Thursday, 25 July 2024** at a cost of \$35 I understand that travel will be by **Private transport** I also understand this payment is **Full Cost of Excursion**. 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