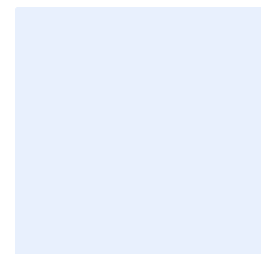




Thomas Acres Public School

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,

26 February 2025

EXCURSION/EVENT	Zone Swimming Carnival		YEAR/STAGE	Selected students
DATE	Monday, 3 March 2025		COST	\$5.00
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 Tasker – phone 4626 4577			
PAYMENT DUE DATE	28 February 2025			
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 Tasker 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. Your child will receive a voucher for entry. Spectators will be charged \$3.50 on the day for entry. Students will need to be transported to and from the pool by a parent or caregiver. Miss Bligh will be supervising students on the day. Please be at the pools by 8:45am. The first marshalling call is at 8.45am.</p> <p>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.</p> <p>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.</p>			

Thank You – Sports Committee



PERMISSION FOR Zone Swimming.

I hereby give permission for my child _____ of class _____ to attend **Swimming Carnival 2025** Excursion/Event on **Monday, 3 March 2025** 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.



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