



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,

20 May 2025

| | | | | |
|---------------------|--|----------------------------|----------------|--------|
| EXCURSION/EVENT | Primary Athletics Carnival | | YEAR/STAGE | 3-6 |
| DATE | Friday, 4 July 2025 | | 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 Tasker – phone 04626 4577 | | | |
| PAYMENT DUE DATE | Friday 27 June, 2025 | | | |
| 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 2nd / 3rd of September.</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 Tasker



PERMISSION FOR PRIMARY ATHLETICS CARNIVAL

I hereby give permission for my child _____ of class _____ to attend Primary Athletics Carnival on **4/07/25** 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
use



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Dear Parent/Carers,

30 May 2024

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.