

## 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,

30 May 2025

Excursion/Event	Campbellto	own Bicycle Education Centre	YEAR/STAGE	Support Unit
DATE	Thursday, 26 June 2025		Соѕт	\$10.00 Payment may not be refundable
VENUE DETAILS	91 Queen Street, Campbelltown NSW 2560			
	METHOD	Bus		
TRAVEL ARRANGEMENTS	DEPART	Thomas Acres Public School	DEPART	9:30 am
	<b>RETURN TO</b>	Thomas Acres Public School	RETURN	2:30 pm
MEAL ARRANGEMENTS	Required - please provide lunch, recess and a drink			
UNIFORM DETAILS	School uniform, hat and school bag			
ORGANISER/TELEPHONE	Tracey Lawrence – phone 4626 4577			
PAYMENT DUE DATE	20 June 2025			
EDUCATIONAL OUTCOME	<ol> <li>Learning about Road Safety:         <ol> <li>Understanding traffic laws and road rules</li> <li>Learners understand local laws, traffic signals, right-of-way, and safe interaction with vehicles</li> <li>Helmet safety and bike maintenance</li> <li>Proper helmet fitting and awareness of the importance of safety ger.</li> <li>Basic bike check and maintenance skills (eg. breaks, tires, chain)</li> </ol> </li> <li>Safe riding behaviours         <ol> <li>Practicing signalling, scanning, lane positioning, and turning safely.</li> </ol> </li> </ol>			

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 – Tracey Lawrence and Support Unit

	I - CAMPBELLTOWN BICYCLE EDUCATION	CENITDE
PERIVISSION FOR SUPPORT UNIT	I - CAIVIPBELLIOWN BICTCLE EDUCATION	CENTRE

\_\_\_\_ of class \_\_\_\_\_ to attend I hereby give permission for my child Campbelltown Bicycle Education Centre Excursion/Event on Thursday, 26 June 2025 at a cost of \$10.00 | understand that travel will be by **Bus** My child has the following health condition(s): □ Other \_\_\_\_\_ Anaphylaxis Asthma (severe or mild) Allergies \_\_\_\_\_ Date: \_\_\_\_/\_\_\_/\_ Parent/Carers Signature: 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. **<u>EFTPOS</u>** - 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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