



# 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.thomasacre-p.schools.nsw.edu.au



Dear Parent/Carers,

16 October 2018

EXCURSION/EVENT	<b>Gala Day - Teeball</b>			YEAR/STAGE	<b>Whole School</b>
DATE	Friday, 26 October 2018			COST	\$20.00
VENUE DETAILS	Kooringa Reserve, St Andrews				
TRAVEL ARRANGEMENTS	METHOD	Bus			
	DEPART	Thomas Acres Public School	DEPART TIME	9:00am	
	RETURN TO	Thomas Acres Public School	RETURN TIME	3:00pm	
MEAL ARRANGEMENTS	Required - please provide lunch, recess and a drink				
UNIFORM DETAILS	Sports uniform, hat and school bag				
ORGANISER/TELEPHONE	Miss Johnston – phone 4626 4577				
PAYMENT DUE DATE	Wednesday, 24 October 2018				
EDUCATIONAL OUTCOME	<p>Students need to be at school at 8:30am</p> <p>Gala Day 1 is 26th October 2018</p> <p>Gala Day 2 is 9th November 2018</p> <p>Supervising teacher at TeeBall is Mrs Warren</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 –Miss Johnston

## PERMISSION FOR WHOLE SCHOOL – GALA DAY - TEEBALL

I hereby give permission for my child \_\_\_\_\_ of class \_\_\_\_\_ to attend Gala Day - Teeball Excursion/Event on Friday, 26 October 2018 at a cost of **\$20.00**. I understand that travel will be by **Bus** My child has:

Anaphylaxis    Asthma (severe or mild)    Allergies \_\_\_\_\_    Other \_\_\_\_\_

Parent/Carers Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

### Please select one (1) payment method below

**CASH** - enclosed is \$\_\_\_\_\_. Receipt to be made out to (please print name) \_\_\_\_\_

**ONLINE PAYMENT** – My receipt number is \_\_\_\_\_ paid on \_\_\_/\_\_\_/\_\_\_\_.  
Please enter "**Gala Day - Teeball**" in the payment description under "Excursion".

If this option is selected, this note still needs to be signed and returned to the Office

**CREDIT CARD PAYMENT SLIP (\$10.00 minimum)** Please tick (✓)  MasterCard    Visa





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Dear Parent/Carers,

16 October 2018

<b>EXCURSION/EVENT</b>	<b>Gala Day - Softball</b>			<b>YEAR/STAGE</b>	<b>Whole School</b>
<b>DATE</b>	Friday, 26 October 2018			<b>COST</b>	\$20.00
<b>VENUE DETAILS</b>	Milton Park, Ingleburn – Softball Grounds				
<b>TRAVEL ARRANGEMENTS</b>	<b>METHOD</b>	Bus			
	<b>DEPART</b>	Thomas Acres Public School	<b>DEPART TIME</b>	9:00am	
	<b>RETURN TO</b>	Thomas Acres Public School	<b>RETURN TIME</b>	3:00pm	
<b>MEAL ARRANGEMENTS</b>	Required - please provide lunch, recess and a drink				
<b>UNIFORM DETAILS</b>	Sports uniform, hat and school bag				
<b>ORGANISER/TELEPHONE</b>	Miss Johnston – phone 4626 4577				
<b>PAYMENT DUE DATE</b>	Wednesday, 24 October 2018				
<b>EDUCATIONAL OUTCOME</b>	<p>Students need to be at school at 8:30am</p> <p>Gala Day 1 is 26th October 2018</p> <p>Gala Day 2 is 9th November 2018</p> <p>Supervising teacher at Softball is Ms Houlton</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 –Miss Johnston

## PERMISSION FOR WHOLE SCHOOL – GALA DAY - SOFTBALL

I hereby give permission for my child \_\_\_\_\_ of class \_\_\_\_\_ to attend Gala Day - Softball Excursion/Event on Friday, 26 October 2018 at a cost of \$20.00. I understand that travel will be by **Bus** My child has:

Anaphylaxis    Asthma (severe or mild)    Allergies \_\_\_\_\_    Other \_\_\_\_\_

Parent/Carers Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

### Please select one (1) payment method below

**CASH** - enclosed is \$\_\_\_\_\_. Receipt to be made out to (please print name) \_\_\_\_\_

**ONLINE PAYMENT** – My receipt number is \_\_\_\_\_ paid on \_\_\_/\_\_\_/\_\_\_\_.  
Please enter "**Gala Day - Softball**" in the payment description under "Excursion".

If this option is selected, this note still needs to be signed and returned to the Office

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Dear Parent/Carers,

16 October 2018

<b>EXCURSION/EVENT</b>	<b>Gala Day - Cricket</b>			<b>YEAR/STAGE</b>	<b>Whole School</b>
<b>DATE</b>	Friday, 26 October 2018			<b>COST</b>	\$20.00
<b>VENUE DETAILS</b>	Jackson Park, Woodbine				
<b>TRAVEL ARRANGEMENTS</b>	<b>METHOD</b>	Bus			
	<b>DEPART</b>	Thomas Acres Public School	<b>DEPART TIME</b>	9:00am	
	<b>RETURN TO</b>	Thomas Acres Public School	<b>RETURN TIME</b>	3:00pm	
<b>MEAL ARRANGEMENTS</b>	Required - please provide lunch, recess and a drink				
<b>UNIFORM DETAILS</b>	Sports uniform, hat and school bag				
<b>ORGANISER/TELEPHONE</b>	Miss Johnston – phone 4626 4577				
<b>PAYMENT DUE DATE</b>	Wednesday, 24 October 2018				
<b>EDUCATIONAL OUTCOME</b>	<p>Students need to be at school at 8:30am</p> <p>Gala Day 1 is 26th October 2018</p> <p>Gala Day 2 is 9th November 2018</p> <p>Supervising teacher at Cricket is Mr Marsh</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 Miss Johnston

## PERMISSION FOR WHOLE SCHOOL – GALA DAY - CRICKET

I hereby give permission for my child \_\_\_\_\_ of class \_\_\_\_\_ to attend Gala Day - Cricket Excursion/Event on Friday, 26 October 2018 at a cost of \$20.00. I understand that travel will be by **Bus** My child has:

Anaphylaxis    Asthma (severe or mild)    Allergies \_\_\_\_\_    Other \_\_\_\_\_

Parent/Carers Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Please select one (1) payment method below

**CASH** - enclosed is \$\_\_\_\_\_. Receipt to be made out to (please print name) \_\_\_\_\_

**ONLINE PAYMENT** – My receipt number is \_\_\_\_\_ paid on \_\_\_\_/\_\_\_\_/\_\_\_\_.  
Please enter "**Gala Day - Cricket**" in the payment description under "Excursion".

If this option is selected, this note still needs to be signed and returned to the Office

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Dear Parent/Carers,

16 October 2018

EXCURSION/EVENT	<b>Gala Day – Tiger Tag OzTag</b>			YEAR/STAGE	<b>Whole School</b>
DATE	Friday, 26 October 2018			COST	\$20.00
VENUE DETAILS	Eschol Park Playing Fields				
TRAVEL ARRANGEMENTS	METHOD	Bus			
	DEPART	Thomas Acres Public School	DEPART TIME	9:00am	
	RETURN TO	Thomas Acres Public School	RETURN TIME	3:00pm	
MEAL ARRANGEMENTS	Required - please provide lunch, recess and a drink				
UNIFORM DETAILS	Sports uniform, hat and school bag				
ORGANISER/TELEPHONE	Miss Johnston – phone 4626 4577				
PAYMENT DUE DATE	Wednesday, 24 October 2018				
EDUCATIONAL OUTCOME	Students need to be at school at 8:30am Gala Day 1 is 26th October 2018 Gala Day 2 is 9th November 2018 Supervising teachers at Tiger Tag (Girls) are Miss Rocchetto and Mrs Best-Roberts Supervising teachers at Tiger Tag (Boys) are Miss Johnston and Miss Collins				

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 Johnston

## PERMISSION FOR WHOLE SCHOOL – GALA DAY – TIGER TAG OZTAG

I hereby give permission for my child \_\_\_\_\_ of class \_\_\_\_\_ to attend Gala Day – Tiger Tag OzTag on Friday, 26 October 2018 at a cost of \$20.00. I understand that travel will be by **Bus** My child has:

Anaphylaxis    Asthma (severe or mild)    Allergies \_\_\_\_\_    Other \_\_\_\_\_

Parent/Carers Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Please select one (1) payment method below

**CASH** - enclosed is \$ \_\_\_\_\_. Receipt to be made out to (please print name) \_\_\_\_\_

**ONLINE PAYMENT** – My receipt number is \_\_\_\_\_ paid on \_\_\_\_/\_\_\_\_/\_\_\_\_.

Please enter "**Gala Day – Tiger Tag OzTag**" in the payment description under "Excursion".

If this option is selected, this note still needs to be signed and returned to the Office

**CREDIT CARD PAYMENT SLIP** (\$10.00 minimum) Please tick (✓)  MasterCard    Visa

