

MT LAWLEY PRIMARY SCHOOL INTERSCHOOL SPRINTS & TEAM GAMES

14 September 2018

Dear Parents/Guardians,

Your child has been selected to represent our school for the Interschool Sprints and Team Games. Please check the Sports Notice Board for which event(s) your child has been selected to compete in.

All reserve runners have been chosen to compete in the Team Games, excluding Year 1 & 2. They must come prepared to compete for the whole day, but will remain at school with the Team Game competitors, unless called upon earlier.

When: Friday 19 October 2018 (Week 2, Term 4)

Venue: Noranda Sporting Complex (Bayswater Little Athletics)
Wylde Rd, Noranda

Time: 9:30 – 2:30

Cost : \$5.00 will cover the bus.

Food: Year 1 and 2: morning tea and drink bottle

Year 3 - 6: morning tea, lunch and drink bottle

There will be no canteen food available for students to purchase at the carnival

Clothing: Students to wear full school uniform (blue shirt), including their school hat

Bus Times (approx.):

	Year 1 and 2	Year 3-6 Runners and Team Games	Year 3-6 Team Games
Depart School	8:55am	8:55am	11:45am
Arrive at Venue	9:05am	9:05am	11:55am
Depart Venue	12:00pm	2:40pm	2:40pm
Arrive at School	12:10pm	2:50pm	2:50pm

Please feel welcome join us on that day and show your support.

The children will be travelling by bus. Please complete the return slip below with \$5.00 for the bus and return to school by **Friday 12 October. Money and the signed form must go to office in an envelope.** Mr Howard will collect from there.

If you have any issues or need clarification please contact me via email or at school – I won't be checking emails over holidays.

Thank you for your support.

Mr Howard

PARENT/GUARDIAN CONSENT FOR INTERSCHOOL ATHLETICS 2018

Please complete this form and return to class teacher before Friday 12 October

I have read and understood the information regarding the Interschool Sprints and Team Games for Years 1 - 6 children at **Noranda Sporting Complex** on **Friday 19 October 2018**.

I give my son/daughter permission to travel by bus to attend this event.

Where it is not practical to communicate with me, I authorise the teachers in charge of the excursion to consent to my child receiving such medical treatment as may be considered necessary. I am aware that Education Department insurance does not cover personal accidents through misadventure nor loss or damage of personal belongings.

Child's Name: _____

Room Number: _____ Year Level: _____

Parent Signature: _____

Parent Helpers

I am able to assist at the Interschool Sprints and Team Games Yes/No

Parent Name: _____ Contact Number: _____



PAYMENT OPTIONS - MOUNT LAWLEY PRIMARY SCHOOL

PAYMENT FOR (e.g. voluntary contributions, swimming, excursions): _____

CHILD'S FULL NAME: _____ ROOM NUMBER: _____

PLEASE TICK PAYMENT OPTION

CASH CHEQUE D/DEPOSIT VISA/MASTER CARD UNALLOCATED CREDIT

AMOUNT PAID \$ 5.00

VISA/MASTER CARD DETAILS:

EXPIRY DATE:

NAME ON CARD: _____ CONTACT NUMBER: _____

SIGNATURE: _____

DIRECT DEPOSIT DETAILS: Mount Lawley Primary School
BSB: **016 370** ACCOUNT NUMBER: **340 879 955**

Please use CHILD'S SURNAME & ACTIVITY (e.g. voluntary contributions, swimming, excursions) as a reference.

PLEASE MAKE CHEQUES PAYABLE TO MOUNT LAWLEY PRIMARY SCHOOL. EFTPOS FACILITIES ARE AVAILABLE IN FRONT OFFICE.

If you have opted to pre-pay your child's charges and / or extra cost options, as per the 2018 School Contributions and Charges Schedule, we will deduct the cost of this activity from the balance of unallocated credit.