



Grose View Public School

~ A future focused school ~



Education
Public Schools

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7 June 2019

Dear Parents/Carers

ATHLETICS CARNIVAL

Grose View Public School will be holding our Athletics Carnival on Thursday 1 August 2019 (**Week 2, Term 3**) at McMahon Park, Kurrajong.

The buses will be **leaving school at 9.10 am** for McMahon Park and will be returning in time for the afternoon home buses.

Please return the attached permission note with **\$6 per child by Friday 5 July 2019**.

Payments can be made using the Parent Online Payment (POP) option on the school website www.groseview-p.schools.nsw.edu.au.

If your child is competing in the 800 m track event, they will need to be at the park by 8.30 am.

It is expected that all students attending the carnival will catch the bus to and/or from the park. Therefore, all students are requested to pay the \$6 fee to cover the cost of booking the park, use of the canteen and buses.

Students are to wear school sports uniform or appropriate clothing (with sleeves) in their house colours. They must bring a hat, water/drink bottle, towel to sit on, and sunscreen. Students should bring recess and lunch.

An invitation is extended to parents/carers and family members to come along and support their children.

Parents/carers who are able to attend and assist in the carnival (eg time keeping and field events) are asked to complete the attached slip and return it to the school office.

Yours sincerely

Mrs Belinda Harrington
Co-ordinator

Mr Damien Feneley
Principal

GROSE VIEW PUBLIC SCHOOL

Athletics Carnival 2019 - Permission Note

I give permission for my child/ren to attend the Athletics Carnival at McMahon Park, Kurrajong on Thursday 1 August:

_____ of class _____

_____ of class _____

_____ of class _____

_____ of class _____



I understand travel is by bus. **Payment of \$6 per child enclosed.**

- My child/ren **will not** be attending the Athletics Carnival
- My child/ren **will be** participating in the **800 m at 8.30 am**
- I enclose \$_____ payment Payment made by POP. Receipt _____
- My child/ren have the following **medical condition eg asthma, and requires medication** (please give details):

Parent/Carer Signature: _____ Date: _____

GROSE VIEW PUBLIC SCHOOL

Athletics Carnival 2019- Parent/Carer Helper



I am able to assist with timekeeping / shot put / long jump / discus at the carnival (please circle).

Parent/Carer Name: _____

Youngest Child's Name & Class: _____

Parent/Carer Signature: _____ Date: _____