



WEST LEEDERVILLE
PRIMARY

Dear Parent/Guardian,

Your child has been selected to compete in the **Interschool Cross Country** on Wednesday, 26th June, 2019 at City Beach Oval, Fred Burton Way, City Beach.

Please retain this information and return payment and the consent form (opposite) by **Friday, 21st June, 2019.**

VENUE: City Beach Oval, Fred Burton Way, City Beach

DATE: Wednesday, 26th June 2019

TIME: 10.40am -3.10pm

TRANSPORT: Bus

COST: \$5.00

DRESS: Blue school uniform (NO FACTION SHIRTS OR GRADUATION SHIRTS)
ITEMS
REQUIRED: Water bottle, running shoes, hat, wet weather gear, towel, snacks and lunch.

SUPERVISION: Mr Braimbridge, Mrs Wade, Mr McInerheney, Mrs Curtis

NOTE:
Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities. Parents/guardians should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent. Costs incurred as a result of accident or illnesses are the responsibility of the parent/ guardian.
Parents are required to inform the organisers well before the scheduled excursion departure of any change to their child's health and fitness so that appropriate supervision may be arranged. Where it is considered necessary, school staff will arrange medical assessment and treatment for students. Should you have any queries, please do not hesitate to contact me/ the teacher in charge of the excursion on 9381 1655 or via email.

Mr Braimbridge
Phys Ed teacher

Fiona Kelly
Principal

INTERSCHOOL CROSS COUNTRY PAYMENT METHOD

Selected students from years 3 to 6- \$5.00 per student

Child's name: _____ Teacher: _____

My child will be participating in the **Interschool Cross Country** on Wednesday, 26th June, 2019 for the cost of \$5.00.

Please:-

Debit my child's school based account. (PLEASE ENSURE SUFFICIENT FUNDS).

The following options are available to top up your student based account. We recommend a deposit of \$100.

Direct bank deposit

BSB: 036 044
Account No: 123672
(use child's name & unallocated as reference).

Visa payment

Telephone 9381 1655 or call in at the office.

Cash/ Eftpos

Direct deposit and Credit Card payment is not available for costs under \$20.

I enclose \$ _____ (Please bring cash directly to the office. No change will be given. A credit will appear on your statement).

INTERCHOOOL CROSS COUNTRY CONSENT FORM

I have read and understood the information regarding **Interschool Cross Country** on Wednesday, 26th June 2019 at City Beach Oval, Fred Burton Way, City Beach. and give my consent for _____ (name) to attend.

Signature of parent/guardian _____ Date _____

RETURN TO FRONT OFFICE BY **Friday, 21st June, 2019.**