



WEST LEEDERVILLE
PRIMARY

Dear Parent/Guardian,
Your child has been selected to compete in the **Interschool Athletics Carnival** on Wednesday 18th September, at City Beach Primary School.

Please retain this information and return the payment and the consent form (opposite) by **Monday 16th September 2019.**

VENUE: City Beach Primary School.
DATE: Wednesday 18th September 2019
TIME: 9.15am -2.30pm ***Bus will leave school at 8.45am***
Please arrive at school at 8:30am.
TRANSPORT: Bus
COST: \$5
DRESS: Blue school uniform (NO FACTION SHIRTS ALLOWED)
ITEMS REQUIRED: Water bottle, running shoes, hat, recess and lunch. Money if your child would like to purchase something at the cake stall
SUPERVISION: Mr Braimbridge, Mrs Wade and classroom teachers.

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 illness 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.

Mr Braimbridge
Phys Ed teacher

Fiona Kelly
Principal

INTERSCHOOL ATHLETICS PAYMENT METHOD
Selected students from years 3 to 6- \$5 per student

Child's name: _____ Teacher: _____

My child will be participating in the **interschool Athletics Carnival** on Wednesday 18th September, at City Beach Primary School for the cost of \$5.

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 Visa payment Cash/ Eftpos

BSB: 036 044 Telephone 9381 1655
Account No: 123672 or call in at the office.
(use child's name &

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

INTERSCHOOL ATHLETICS 2019 EXCURSION CONSENT FORM (Selected students)

I have read and understood the information regarding the Interschool Athletics Carnival on Wednesday 18th September, at City Beach Primary School and give my consent for _____ (name) to attend.

I am aware my child needs to be at school at 8.30am on that day.

Signature of parent/guardian _____ Date _____

RETURN TO CLASSROOM TEACHER BY Monday 16th September 2019.