



NARRAWEENA PUBLIC SCHOOL

Event Permission Letter – Athletics Carnival

Dear Parent / Guardian

This letter is to inform you of an excursion that has been organised for your child. The details of the excursion are outlined below:

Key Learning Area	Physical Education		
Excursion venue/location	Sydney Academy of Sport, Narrabeen		
Extra Details	The Academy of Sport has an all-weather track, so the carnival will be on regardless of the weather. 3-6 and Year 2 (turning 8 years this year) will participate in track and field events. K-2 will participate in track events and novelty. Students in Year 2 who are turning 8 this year are able to compete in the 3-6 carnival.		
Class / Year group	K-6		
Excursion/Event date	Monday 7th May 2018		
Departure time from school	3-6 and Yr 2/8year olds: 9am K-2: 10am	Depart from	Narra-weena PS
Return time to school	K-2: 2pm 3-6 and Yr 2/8year olds: 3:00pm	Return to	Narra-weena PS
Cost	No charge for this event		
Payment due date	n/a		
Payment options	n/a		
Transport details	Bus		
Uniform	Full school sport uniform, including hat.		
Equipment required	A bag for carrying belongings, a hat, sunscreen, morning tea, lunch and a water bottle.		
Staff attending	Teachers from Years K to 6		
Food requirements	Morning tea, lunch and water. The canteen will be open for students to purchase food.		
Permission slip due date	Wednesday 3rd May 2018	Permission slip returned to	Class Teacher
Parent Helpers	We would certainly appreciate any parents or carers who can assist on the day with K-2 novelty events.		

Please contact the School if you have any questions regarding this event.

Yours sincerely,

Graham Walsh
Carnival Manager

Sally Bell
Principal



2018 ATHLETICS CARNIVAL

Complete, cut off and return this permission slip to **office** by no later than: **Wednesday 3rd May 2018**

Student's full name: _____ (First Name) _____ (Last Name) Class: _____

I give permission for my child to attend the annual athletics carnival excursion to Sydney Academy of Sport on Monday 7th May 2018.

I AM AVAILABLE TO HELP WITH K-2 NOVELTY GAMES

NAME: _____ CONTACT #: _____

Parent / Guardian name: _____

Parent / Guardian signature: _____ Date: ____ / ____ / ____