



# WERRINGTON PUBLIC SCHOOL

Armstein Crescent  
PO Box 4100  
WERRINGTON NSW 2747

Phone: 9623 7077  
Fax: 9623 1339  
Email: [werrington-p.school@det.nsw.edu.au](mailto:werrington-p.school@det.nsw.edu.au)

## Athletics Carnival 2019

6<sup>th</sup> May 2019

Dear Parent/Caregiver,

Werrington Public School's Primary Athletics Carnival will be held on **Thursday 20<sup>th</sup> of June**. The students will depart from Werrington Public School at 9.30am and will walk to Harold Corr Oval, after class rolls have been marked. All students in Years 3 to 6 are expected to attend and participate in events. Children in Year 2 who are turning 8 this year are also invited to attend. Parents are most welcome to come along and support the carnival. Students will return to school by 3.00pm. **Parents wishing to take their own children home at the end of the carnival may do so, providing their children are signed out appropriately. (This will be done at the recording table).**

The cost will be \$2.00 to cover ground fees and administration fees. Children will be supervised by teachers throughout the day. Please return the permission note with payment by no later than Friday 14<sup>th</sup> June 2019. If you require additional time, please see Mrs Moses in the office to arrange an alternate payment plan.

**Mr Cordingley**  
Organising Teacher



**Mrs Avery**  
Principal

### PERMISSION SLIP –Athletics Carnival 2019 – Mr Cordingley

I give permission for my child \_\_\_\_\_ in class \_\_\_\_\_, to participate in the Athletics Carnival on Thursday the 20<sup>th</sup> of June at Harold Corr Oval, Werrington. I understand that students will walk to Harold Corr Oval and will be supervised by teachers and that permission notes and payment is due by Friday 14<sup>th</sup> June 2019.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Parent

Please indicate:

- ☐ I have enclosed cash for the amount of \$2.00      **or**  
☐ I have made an Online payment. My receipt number is \_\_\_\_\_ Date: \_\_\_\_\_

Emergency contact phone numbers:      1. Name: ..... Number: .....  
2. Name: ..... Number: .....

List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies and previous sporting injuries etc.)  
Outline the treatment for each:

.....  
.....

Medication(s) to be administered during the excursion. Include the name of the medication, instructions for administration, time of administration and any possible reactions:

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