

# THOMAS MITCHELL PRIMARY SCHOOL

## DISTRICT ATHLETICS CARNIVAL 2017

10<sup>th</sup> August 2017

Dear Parents,

Your child has been chosen to represent our school at the District Athletics Carnival to be held at Knox Athletics Track on **Monday 21<sup>st</sup> August commencing** at 10.00am. The bus will be leaving Thomas Mitchell Primary School at 9.00am and will be returning at approximately 3.00pm.

Students are required to be at school by **8.45am to ensure prompt departure from the school**. Students are to wear their school sports uniform including polo shirt, preferably shorts, and runners. I would encourage tracksuit pants and jumpers to also be worn to keep muscles warm between events. Please ensure your child has a packed lunch and a drink bottle for the day. The canteen will be not be open on the day.

The teachers attending the excursion will be Miss Sonja Pullen, Mr Tim Gouge and Mrs Rebecca Williams. Miss Olivia Goder will be involved with the co-ordination of the event on the day and will meet the students at Knox Athletics Track.

Please return the permission slip to school by **Thursday 17<sup>th</sup> August with \$6.50 for bus fare**.

To ensure accurate recording of money sent to school, it is most important that the attached specially printed envelope be used and correctly completed. Please send only correct money to school, as we are unable to give change.

Parental assistance is required on the day. If you are able to help, please tick the box on the return slip.

Olivia Goder,  
Sports Coordinator

John Hurley,  
Principal

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**THOMAS MITCHELL PRIMARY SCHOOL**

**District Athletics Carnival 2017**

I give permission for my child ..... in class .....  
to participate in the District Athletics Carnival at Knox Athletics Track **on Monday 21<sup>st</sup> August**. I understand the students will be travelling by bus, at a cost of \$6.50.

I hereby authorise the teacher in charge of this event, to consent, where it is impractical to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

I enclose \$6.50 to cover the cost of this event

I am able to help on the day

My child has the following medical condition: .....  
and requires the following medication to be administered during this activity: .....  
..... (a medication form has been completed and submitted to school).

Contact for day of excursion: ..... Phone for day of excursion: .....

Signed: ..... Dated: .....