

6<sup>th</sup> September 2018

Dear Parents,

**DIVISIONAL ATHLETICS CARNIVAL - 2018**

Congratulations on the effort of your child at the District Athletics Carnival.

Your child has qualified to compete at the Divisional Athletics Carnival at Casey Fields Athletics Track, 160 Berwick-Cranbourne Road, on **Wednesday 19<sup>th</sup> September**, commencing at 9.30am.

The children will travel by bus to the venue and the total cost will be \$15.00 (transportation and competition fees). **Students are required to be at school by 8.00am** to ensure prompt departure from the school. The bus will be leaving Thomas Mitchell Primary School at 8.20am and returning at approximately 3.00pm. The bus will also pick up and return students from other schools in our District.

Students are required to travel on the bus with all participants. Parents are welcome to meet their children at the track, however please note that spectators may incur a small entry cost.

**We respectfully request that spectators do not take photos/digital images of any student.**

Students are to come to school dressed in school uniform. Each child will need a packed lunch, drinks and a change of clothing, e.g. tracksuit over running clothes (school t-shirt or polo shirt and shorts), a change of shoes and a plastic bag.

Teachers accompanying students from Thomas Mitchell Primary School will be Mrs Narelle Waples and Mr Ben Stanford. Mr Jonathan Hawes will be involved with the co-ordination of the event on the day and will meet our students at the venue.

Please return the permission slip, together with the bus and entry fee to school by: Wednesday 12<sup>th</sup> September.

Yours sincerely,

Jonathan Hawes  
Sports Coordinator

John Hurley  
Principal

**THOMAS MITCHELL PRIMARY SCHOOL - DIVISIONAL ATHLETICS CARNIVAL – 2018**

I give permission for my child ..... in class ..... to participate in the Divisional Athletics Carnival at Casey Fields Athletics Track, 160 Berwick-Cranbourne Road, on Wednesday 19<sup>th</sup> September.

I enclose \$15.00 to cover the bus and competition fees.

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.

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 .....