

**THOMAS MITCHELL PRIMARY SCHOOL**

6<sup>th</sup> March 2019

Dear Parents,

**DIVISIONAL SWIMMING SPORTS 2019**

Your child has been selected to represent our district in the Divisional Swimming Sports on **Wednesday 13<sup>th</sup> March** at the Noble Park Aquatic Centre, 9 Memorial Drive, Noble Park.

Your child will need to bring bathers, swimming cap, towel, lunch, drinks, sunscreen and appropriate clothing, including a hat, in order to be "sun smart". There are shade areas available and we will supervise and instruct students to act responsibly in terms of exposure to sunlight.

Miss Olivia Goder will accompany the students to the venue.

The children will travel by bus to the venue and the cost will be \$5.00 for entry and \$8.00 for the bus fee, a **total of \$13.00**. The bus will pick up students from each competing school in the district and will leave Thomas Mitchell at **8:45am sharp** and return at approximately by 1:30pm. All children are expected to travel on the bus to ensure our costs are covered. This is an individual participation and therefore the cost is not part of our excursion levy.

For your convenience and to ensure accurate recording of money sent to school, we have attached, specially printed envelopes to be used and correctly completed. Please send only correct money (\$13) to school as we are unable to give change.

Please return the money and permission form to the office by **Friday 8<sup>th</sup> March**

Yours sincerely,

Olivia Goder  
Physical Education Teacher

John Hurley  
Principal

**THOMAS MITCHELL PRIMARY SCHOOL - DIVISIONAL SWIMMING SPORTS 2019**

I give permission for my child ..... in class ..... to participate in the Divisional Swimming Sports at Noble Park Aquatic Centre on Wednesday 13<sup>th</sup> March, 2019 and I enclose \$13 to cover the bus fare and entry fee as this is not part of the excursion levy.

I am able to help on the day I have a Working with Children Check and attach a copy for you.

(If I am selected as a helper, I will not take photos of any student, nor will I upload to any form of social media, etc).

I do not have a Working with Children Check (If selected, you may be required to apply for one and submit your receipt of application to the school).

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 activity: ..... Phone for day of activity: .....

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