

THOMAS MITCHELL PRIMARY SCHOOL

Year 4 - 6 Activity - Soccer Team

8th August 2017

Your child has been selected to participate in the Thomas Mitchell Soccer Team, at the Regional Soccer finals. We will be playing a round robin match against schools in the Southern Metropolitan Region, on **Tuesday 15th August**. The competition will take place at Casey Comets FC, O'Tooles Rd Cranbourne.

The bus will be leaving Thomas Mitchell Primary School at 8:40am and returning at approximately 1:00pm. Please arrive at school at 8:20 am for prompt departure. The teacher attending the excursion will be Miss Olivia Goder. **The total cost to participate is \$10.00, however Thomas Mitchell Primary School will subsidise the remaining cost.**

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

Please sign the permission slip below and return it with payment to school by Monday 14th August.

If you have any questions in regards to this excursion, please contact the school at your earliest convenience.

Regards

Olivia Goder
Physical Education Teacher

John Hurley
Principal

THOMAS MITCHELL PRIMARY SCHOOL **Year 4 - 6 Activity - Soccer Team Round Robin**

I give permission for my child in class
to participate in Thomas Mitchell Soccer Team round robin competition on **Tuesday 15th August**.
The competition will take place at Casey Comets FC, O'Tooles Rd Cranbourne.

I enclose \$10.00 to cover the cost of this event

I am able to help on the day

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

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).

Parent Name: Phone:

Signed: Dated:

Contact for day of activity: Phone for day of activity: