



WALLACIA PUBLIC SCHOOL
1573-1585 MULGOA ROAD
WALLACIA NSW 2745

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Principal: Mr Trev Mason

Monday 1 April 2018

2019 Penrith ZONE Cross Country
Wednesday 8 May 2019

Dear Parents/Carers,

Your child _____ has been selected to represent Wallacia Public School at the PSSA Penrith Zone Cross Country on Wednesday 8 May (Term 2 week 2).

Venue: Jamison Park, Jamison Road, Penrith

Transport: Parents will need to transport their child to and from Jamison Park.

Total Cost: \$7.00

Time: 9.20am (Walk the Course 9.45am)

Attire: Full school sports uniform. Please note that running spikes are not allowed.

Staff member/s with CPR training: Mr Rush (to be confirmed)

Additional Information: Students will need to bring their own:

- recess and lunch
- hat and water bottle
- asthma reliever medication (if required)

All students will have the opportunity to walk the course prior to their event. Competitors aged 8, 9 or 10 years will complete 2kms, while 11 year olds and seniors will run 3 kms.

Payment/s can be made by direct credit via the school website "\$Make a payment". Alternatively, payments can be made by completing a payment envelope and posting it into the red payment box in the school office foyer.

Please complete the permission slip and return it to the office **BEFORE Wednesday 1 May, 2019.** If your child has a medical condition, please indicate this on the permission note.

Trev Mason
Principal

Miss Talia Carroll
Sports Organiser

Permission Note
2019 PSSA Penrith ZONE Cross Country
Wednesday 8 May 2019

Please complete the return slip and return it to the office
BEFORE Wednesday 1 May (Term 2 Week 1)

I give permission for my child _____ to attend the PSSA Penrith Zone
Cross Country on Wednesday 8 May 2019.

Special needs of my child, of which you need to be aware (e.g. allergies, asthma, medication)

.....
.....

To the best of my knowledge, he/she has no medical condition or injury, which puts him/her at risk
in participating in this activity.

I understand that this excursion has the approval of the Principal.

I understand that I am to transport my child to and from this event.

I have made an online payment on date: _____ receipt number _____

Please circle one: Cash / Cheque payable to Wallacia Public School

Signature of Parent / Caregiver

Parents Name: (please print).....

Date: