



WALLACIA PUBLIC SCHOOL
1573-1585 MULGOA ROAD
WALLACIA NSW 2745

Tel: 4773 8433
Fax: 4773 9050

Email: wallacia-p.school@det.nsw.edu.au

Principal: Mr Mark Davies

Wednesday 27 April

Stage 2 and 3 Sport – Term 2 – Lawn Bowling

Description: Throughout Term 2, all students in Stages 2 and 3 will participate in lawn bowling for sport. This will take place on Friday mornings and will be held at the Wallacia Bowling Club. The sessions will run by a professional bowler and volunteers from the club.

Transport: Students will be walking to the Wallacia Bowling Club.

Cost: FREE

Departure: We will be leaving school at 9.10am.

Arrival: We will return to school by 11.00am.

Attire: Students should wear their full school sports uniform, including their school hat, and flat soled shoes. In the event that flat soled shoes are not available, thick socks will be acceptable.

Staff member/s with CPR training: Mr Boyd and Miss Gabor

Additional Information:

Please note that flat-soled shoes are required to be worn on the bowling greens. Any shoes with a definite heel cannot be worn. In the event that your child doesn't have appropriate shoes, thick socks will be acceptable, and should be brought along.

Please ensure that students bring a bottle of water that they can carry with them, and fill up if necessary, at the Bowling Club. Sunscreen should also be applied prior to school. Sunscreen will be available during the morning for reapplication.

Any student, who arrives on the day not in full school sports uniform, or without a hat, will not be permitted to attend.

If your child has a medical condition that will preclude or limit involvement, **please indicate this in the following section**, which is to be returned to school by **Friday 29 April**.

Mr Mark Davies
Principal



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Please return to the office by Friday 29 April

I hereby give consent for my childClass:.....
to participate in lawn bowling for sport at Wallacia Bowling Club on Fridays
throughout Term 2.

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:

Yes: No:

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

Signature of Parent / CaregiverDate:.....