



WALLACIA PUBLIC SCHOOL  
1573-1585 MULGOA ROAD  
WALLACIA NSW 2745

Tel: 4773 8433  
Fax: 4773 9050

Email: [wallacia-p.school@det.nsw.edu.au](mailto:wallacia-p.school@det.nsw.edu.au)

Principal: Mr Trev Mason

Monday 10<sup>th</sup>, September 2018

### **Schools Spectacular Matinee Performance**

Dear Parents / Caregivers,

Your child, \_\_\_\_\_, has expressed interest in attending the Matinee Performance for the *Schools Spectacular* on **Friday 23rd November 2018 at Qudos Bank Arena.**

**Transport:** Parents will organise to take their child to Penrith Train Station where they will meet Mr Mason at approximately 8.00am. Students will then travel by train to and from Qudos Bank Arena. Students will need to be picked up from Penrith Train Station by parents at approximately 3.00pm. Exact train times will be confirmed closer to the excursion date.

**Please Note:** Every student will require an Opal Card to travel by train. Please ensure students have sufficient credit on their Opal card.

**Cost:** \$25 (cost of ticket for the performance)

**Attire:** Students should wear their full school uniform, including a hat.

**What to bring:** Students will need to take their recess, lunch and water bottle with them in a **small** bag. Venue security will check bags on entering the venue.

**Staff member/s with CPR training:** Mr Mason

**Preferred payment option is the Parent Online Payment (P.O.P) service.**

Please return permission note and money to the office by **Thursday 20th September 2018.**

Kind Regards,

Miss Talia Carroll  
Dance Teacher

Mr Trev Mason  
Principal



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### Schools Spectacular Performance

**Please return to the office by Thursday 20<sup>th</sup> September 2018**

I hereby give consent for my child ..... in class  
..... to attend the matinee performance of the Schools Spectacular on  
**Friday 23rd November 2018 at Qudos Bank Arena.**

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 have enclosed \$25.00 for the cost of the ticket.

I have made an online payment of \$ \_\_\_\_\_. My receipt number is \_\_\_\_\_

Signature of Parent / Caregiver .....Date:.....