

## **Applecross Primary School**

65 Kintail Road Applecross WA 6153 Phone: 08 9364 1792

Email: applecross.ps@education.wa.edu.au www.applecrossps.wa.edu.au

## Dear Parents/Caregivers

## Faction Swimming Carnival 2020 - Year 4-6

Faction Swimming Carnival Friday 6 March 10:00am – 2:30pm Beatty Park Leisure Centre

Our Faction Swimming Carnival is the first sporting event for the year. All students in Years 4-6 are expected to attend as this is part of our Physical Education Program. The Carnival will be held at Beatty Park Leisure Centre, which is an outdoor venue, so appropriate sun protection is needed.

Students will travel to the venue by bus which is departing at 9:15am for a 10:00am start and returning at approximately 3:00pm. Students will be supervised by Applecross staff from Years 4-6.

Students are to wear their bathers under their school uniform to school. Students should bring the following:

- Packed lunch and recess
- 2 water bottles
- 2 towels
- Swimming cap
- Sun cream
- Medical requirements such as Asthma puffer and spacer

Students are required to wear **full school uniform**, including:

- Applecross PS faction shirt
- Applecross PS hat
- Applecrosss PS charcoal skorts or shorts
- Students may wear their thongs to school instead of runners.

The cost of the Swimming Carnival is <u>\$19</u>. Please return the **Parent Permission and Payment Form and Consent for Water Based Excursion Form** along with correct money if paying by cash, in a sealed and labelled envelope to the locked box in the front office by **Friday 28 February 2020**. The cost for parents and spectators is <u>\$1</u> which can be paid upon entry to Beatty Park.

\*Children are required to wear caps the colour of their faction. They will be for sale at the school office for \$3.20. Please see attached order form. Any children who still have their faction coloured caps from last year are not obligated to purchase another one this year.

I will be needing many parent volunteers to help out at this carnival. If you will be spectating at the carnival and will be able to help out on the day please email me on my email below.

See Event schedule for approximate event times on the next page.

Good luck to all competitors!

Yours sincerely,

Mr Derek Rijnhart
Physical Education Specialist
21 February 2020
<a href="mailto:deceleration.wa.edu.au">derek.rijnhart@education.wa.edu.au</a>

## Parent Permission Form Faction Swimming Carnival

Where: Beatty Park Leisure Centre
When: Friday 6 March 2020

Room Number:

Faction:

<u>Time:</u> Departing at 9:15am returning at approximately 3:00pm

The cost will be **\$19** per student. This is an Extra Cost Option "Pay as you Go" item (refer to Table 2 of the School Charges and Voluntary Contributions schedule). This cost is not part of the \$100 Up Front Payment.

Please sign and return this permission form and correct money (if paying cash) along with the <u>consent for water</u> <u>based excursion form</u> to the front office before <u>Friday 28 February 2020</u>.

Child's Name		Room Number:	
Signed: (Parent/Guardian)		Date:	
Phone Number:			
supervise their behaviour and activi occur on an excursion where, in al excursion departure of any change staff will arrange medical assessme	ties. Parents/guardians should be aware that staff I circumstances, staff have not been negligent. I to their child's health and fitness so that approprot and treatment for students.	students are in their charge to protect them from injury and to control and ff members are not responsible for injuries or damage to property which may Parents are required to inform the organisers well before the scheduled priate supervision may be arranged. Where it is considered necessary, school in the control of th	
	tal maximum extra cost options for 9.00 from this amount.	my child/children for the year.	
OR			
* Chequi * Direct	nce and email confirmation of payment to A	unt No 3408 67399 (Please use your child's Name and Room No as Applecross.ps@education.wa.edu.au)  Cash Credit Card  Visa Mastercard	
EXPIRY DATE: (PLEASE	PRINT CLEARLY)		
	CARDHOLDER'S NAME	CARDHOLDER'S SIGNATURE	
	Swimming Cap C	Order Form	
	office by Friday 28 February. The sv	formation in a sealed envelope and place in the wimming caps will be distributed to your child prior to	