



Applecross Primary School

65 Kintail Road Applecross WA 6153

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Dear Parents/Caregivers,

MDISSA Interschool Swimming Carnival – Thursday 5 April 2018

Your child has been selected to represent Applecross Primary School at the upcoming MDISSA Interschool Swimming Carnival, which is to be held on **Thursday 5 April 2018** at Challenge Stadium.

Students will travel to the venue by bus which is departing at 8:15am for a 9:30am start and returning at approximately 12:45 pm.

Applecross PS staff will be supervising the event as follows:

- Derek Rijnhart
- Louis Shepherd

Students are to wear their bathers under their school uniform to school. An Applecross swim cap will be provided on the day.

Students should bring the following:

- Snacks
- Water Bottles
- Sun Cream
- Medical requirements such as Asthma puffer and spacer

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

- Applecross PS **Interschool red polo shirt (to be provided)**
- Applecross PS Hat
- Applecross PS charcoal skorts or shorts
- Students may wear their thongs to school instead of runners. (Pack runners in bag for when returning to school)

The cost of the Swimming Carnival is \$18. Please return the **Parent Permission and Payment Form** along with \$18 cash in a sealed and labelled envelope to the locked box in the front office by **Friday 23 March 2018**.

Please turn over the page for the event schedule.

Good luck to all competitors!

Yours sincerely,

Mr Derek Rijnhart
Physical Education Specialist
16 March 2018
Derek.rijnhart@education.wa.edu.au

MDISSA Interschool Swimming Carnival

Programme of Events 2018

9:30am – 12pm

	EVENT	DIVISION
1.	BOYS YEAR 4 BACKSTROKE	DIVISION 1
2.	BOYS YEAR 4 BACKSTROKE	DIVISION 2
3.	GIRLS YEAR 4 BACKSTROKE	DIVISION 1
4.	GIRLS YEAR 4 BACKSTROKE	DIVISION 2
5.	BOYS YEAR 5 BACKSTROKE	DIVISION 1
6.	BOYS YEAR 5 BACKSTROKE	DIVISION 2
7.	GIRLS YEAR 5 BACKSTROKE	DIVISION 1
8.	GIRLS YEAR 5 BACKSTROKE	DIVISION 2
9.	BOYS YEAR 6 BACKSTROKE	DIVISION 1
10.	BOYS YEAR 6 BACKSTROKE	DIVISION 2
11.	GIRLS YEAR 6 BACKSTROKE	DIVISION 1
12.	GIRLS YEAR 6 BACKSTROKE	DIVISION 2
13.	BOYS YEAR 4 BREASTSTROKE	DIVISION 1
14.	BOYS YEAR 4 BREASTSTROKE	DIVISION 2
15.	GIRLS YEAR 4 BREASTSTROKE	DIVISION 1
16.	GIRLS YEAR 4 BREASTSTROKE	DIVISION 2
17.	BOYS YEAR 5 BREASTSTROKE	DIVISION 1
18.	BOYS YEAR 5 BREASTSTROKE	DIVISION 2
19.	GIRLS YEAR 5 BREASTSTROKE	DIVISION 1
20.	GIRLS YEAR 5 BREASTSTROKE	DIVISION 2
21.	BOYS YEAR 6 BREASTSTROKE	DIVISION 1
22.	BOYS YEAR 6 BREASTSTROKE	DIVISION 2
23.	GIRLS YEAR 6 BREASTSTROKE	DIVISION 1
24.	GIRLS YEAR 6 BREASTSTROKE	DIVISION 2
25.	BOYS YEAR 4 FREESTYLE	DIVISION 1
26.	BOYS YEAR 4 FREESTYLE	DIVISION 2
27.	GIRLS YEAR 4 FREESTYLE	DIVISION 1
28.	GIRLS YEAR 4 FREESTYLE	DIVISION 2
29.	BOYS OPEN MEDLEY RELAY	
30.	GIRLS OPEN MEDLEY RELAY	
31.	BOYS YEAR 5 FREESTYLE	DIVISION 1
32.	BOYS YEAR 5 FREESTYLE	DIVISION 2
33.	GIRLS YEAR 5 FREESTYLE	DIVISION 1
34.	GIRLS YEAR 5 FREESTYLE	DIVISION 2
35.	BOYS YEAR 6 FREESTYLE	DIVISION 1
36.	BOYS YEAR 6 FREESTYLE	DIVISION 2
37.	GIRLS YEAR 6 FREESTYLE	DIVISION 1
38.	GIRLS YEAR 6 FREESTYLE	DIVISION 2
39.	GIRLS YEAR 4 RELAY	
40.	BOYS YEAR 4 RELAY	
41.	GIRLS YEAR 5 RELAY	
42.	BOYS YEAR 5 RELAY	
43.	GIRLS YEAR 6 RELAY	
44.	BOYS YEAR 6 RELAY	

I'm in the following events:

Parent Permission and Payment Form

MDISSA Interschool Swimming

Where: Challenge Stadium

When: Thursday 5 April, 2018

Time: Departing at 8:15am returning at approximately 12:45pm

The cost will be \$18 per student. Please sign and return this permission slip and correct money (if paying cash) to the front office before **Friday 23 March 2018**.

I have read and understood the information regarding the excursion to Challenge Stadium on Thursday 5 April and give consent for my child to attend the MDISSA Interschool Swimming travelling **by bus**.

Child's Name: _____ **Room Number:** _____

Signed: (Parent/Guardian) _____ **Date:** _____

Phone Number: _____

Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities. Parents/guardians should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent. **Parents are required to inform the organisers well before the scheduled excursion departure of any change to their child's health and fitness so that appropriate supervision may be arranged.** Where it is considered necessary, school staff will arrange medical assessment and treatment for students.

PAYMENT OPTIONS

* CASH

* CREDIT CARD - Visa & Mastercard

* CHEQUE - payable to 'Applecross Primary School'

* DIRECT DEPOSIT - ANZ Booragoon BSB 016-267 Account No 3408 67399 (Please use your child's Name and Room No as reference and email confirmation of payment to Applecross.ps@education.wa.edu.au)

PLEASE COMPLETE ALL DETAILS: Payment Type: Cheque Cash Credit Card
 Visa Mastercard

CREDIT CARD NO: (PLEASE PRINT CLEARLY)

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EXPIRY DATE: (PLEASE PRINT CLEARLY)

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CARD HOLDER'S NAME

CARD HOLDER'S SIGNATURE

