



Dear Parents / Carers,

Student: _____

ZONE CROSS COUNTRY CARNIVAL

Your child has been selected to represent our school at the Ryde Zone Cross Country Carnival. This carnival will be held at **Meadowbank Park** on Wednesday 29th May.

Mrs O'Neill and Ms Lauren will be supervising the students at the carnival. If parents are interested in volunteering to sit at check points on the course, please let Miss Fury know.

Students will be walking to and from Meadowbank Park. The cost for the carnival is \$5 per student and this can be paid online on our website www.melrosepk-p.schools.nsw.edu.au by selecting the MAKE A PAYMENT tab.

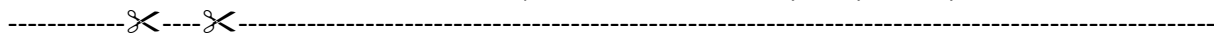
Competitors will be leaving the school at approximately 9.45am and will return by 3pm.

Please complete the slip below, **as well as information on the reverse side**, and return to the school by Friday, 17th May.

Clare Kristensen
Principal

Ali Fury
PDHPE Coordinator

The slip below must be returned by Friday 17th May



ZONE CROSS COUNTRY CARNIVAL

I give permission for my child _____ of Class _____ to attend the Zone Cross Country Carnival on **Wednesday, 29th May** which will be held at Meadowbank Park. I understand that the children will be walking to and from Meadowbank Park.

My child is aware that they are representing both themselves and Melrose Park PS at this carnival and will behave appropriately at all times.

- I intend to take my child home with me at the conclusion of their event and understand that I will be **required to sign my child out**.
- I understand that I need to provide advice in writing if my child is to be taken home from the carnival by another parent.
- I have paid \$5 via the school website. Online receipt no: _____

Signed _____
Parent/Carer

Date

PLEASE ENSURE YOU COMPLETE THE REVERSE SIDE OF THIS PERMISSION NOTE

Special needs of my child of which you should be aware (eg allergies, medication – please provide full details):

Medication (please state) _____

Asthma/epilepsy/other (please state) _____

Allergies:

Sun/grass/dust/pollen/insect bites _____

Allergy to the following medication/s _____

Other (please state) _____

Signed – Parent/Guardian

Date