

## **Kentlyn Public School**

Georges River Road, Kentlyn, 2560 PO Box 5222 Minto, 2566 Phone: 4628 2455 - Fax: 4628 4365 kentlyn-p.school@det.nsw.edu.au

Tuesday 15th May 2018

Dear Parents/Carers,

## Zone Cross Country 2018

On Friday 1st June 2018, your child has been invited to represent Kentlyn Public School at the Zone Cross Country Carnival. The carnival is to be held at Thomas Acres Reserve, Ambarvale starting at approximately 9:30am and finishing approximately 2:00pm. Kentlyn Public School is subsidising the bus fee to and from the venue. Students will need to be at school ready to leave at 9:00 am.

Please return the note to the office by Wednesday 23rd May 2018.

What: Zone Cross Country Carnival

Where: Thomas Acres Reserve Ambarvale

When: June 1st May 2018, 9:30am to 2pm; all students must be at school by 9:00am.

Equipment: Full school sports uniform, running shoes, lunch, drinks and something to sit on.

**Length:** Age races: 8/9/10 - 2km

Age races: 11/12/13 - 2.5km

<u>Please Note</u>: Zone Cross Country representation does not require a qualifying time, however, please ensure your child is a competent runner. Competitors should be able to consistently run/jog the entire course without having to stop to walk. This will ensure the day runs on time and your child will not have to be asked to leave the track without finishing the race.

School representation and attendance at excursions, special school activities and out of school activities is dependent upon the continued demonstration of appropriate behaviour and an appropriate attitude in all aspects of school life.

Any questions please ask at the office or call 02 46282455.

Frances Hagedoorn & Riley Connor	Androula Kavallaris
Cross - Country Co-Ordinators	Principal
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Zone Cross Cou	ıntry Carnival 2018
Thomas Acres Reserve, Ambarvale	
I give permission for my son/daughter	of class to
participate in the Zone Cross Country Carnivo	l June 1st May 2018. The carnival will be held at
	stand that the students are travelling by bus and I is subject to meeting the expectations outlined
Any Medical Conditions:	
Emergency Contact details:	PH:
Parent/Carer Signature:	Date: