



Kentlyn Public School

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Friday 1 February 2019

Swimming Carnival – 2019 Gordon Fetterplace Aquatic Centre – 02 46454040 Wednesday 27 February 2019

Dear Parents/Carers,

On Wednesday 27 February 2019 students in Years 3-6 will be attending our annual school swimming carnival at the **Gordon Fetterplace Aquatic Centre**. If children are turning 8 years old this year in Year 2 **and they can swim 25m or over**, they are also able to attend. Please be aware that this is not a carnival for non-swimmers.

Due to our wonderful and hardworking P&C who are paying for the bus hire fee, the cost per child has been reduced to \$4.00. This includes pool entry and equipment hire. Students will leave the school at 9.00 am and return to school at approximately 2.30pm.

If you would like your child to attend please return the permission slip below to school with payment of **\$4.00 by Tuesday 12 February 2019 with the 2019 Swimming Carnival Entry Form**. As we would once again like to organise the students in their appropriate age groups and race in advance, it is imperative that the entry form (attached) is also returned by Tuesday 12 February 2019.

We would also really appreciate 'Parent Helpers' as time keepers or judges on the day at the pool. Please indicate below if you are able to assist.

Please Note: School representation and attendance at excursions/school events, is dependent upon the continued demonstration of appropriate behaviour and an appropriate attitude in all aspects of school life.

Regards

Androula Kavallaris
Principal

3-6 Classroom Teachers
Carnival Organisers



2019 Kentlyn PS Swimming Carnival Permission Note
Please return with payment by Tuesday February 12 2019

I give permission for my child _____ of class _____ to attend Kentlyn Public School Swimming Carnival to be held at Gordon Fetterplace Aquatic Centre on Wednesday 27 February 2019. **I understand that students will travel by bus to and from the pool and I have attached the completed 2019 Swimming Carnival Entry Form.** I also understand that my child's participation is subject to meeting the expectations outlined above.

Enclosed is \$4.00

Medical Information

Medicare number _____ (optional)

Does your child have a medical condition that may be of a concern as well as any concerns with your child swimming in a chlorinated pool? If yes please list conditions:

I also give permission for staff to administer any medical intervention if required.

Signature: _____

Date: _____

Parent Helpers

We would really appreciate 'Parent Helpers' to come along and assist with time keeping and judging.

I am able to assist on Wednesday 27 February 2019 from until

Name _____ Child's Class: _____