



# 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

Thursday 9 May 2019

Dear Parents/Carers,

## ZONE CROSS COUNTRY 2019

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 on Friday 31 May, 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 by 8:45 am ready to leave at 9:00 am.**

Please return the note to the office by Wednesday 22 May 2019.

**What:** Zone Cross Country Carnival

**Where:** Thomas Acres Reserve Ambarvale

**When:** May 31 2019, 9:30am to 2pm

**Time:** All students must be at school by 8:45am.

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

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

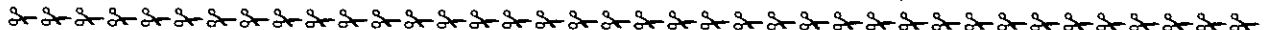
Age races: 11/12/13 - 2.5km

**Please Note:** 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.

Riley Connor  
Cross - Country Coordinator

Selena McPhee  
Relieving Principal



### Zone Cross Country Carnival 2019 Thomas Acres Reserve, Ambarvale

I give permission for my son/daughter \_\_\_\_\_ of class \_\_\_\_\_ to participate in the Zone Cross Country Carnival May 31 2019. The carnival will be held at Thomas Acres Reserve at Ambarvale. I understand that the students are travelling by bus and I also understand that my child's participation is subject to meeting the expectations outlined above.

Any Medical Conditions: \_\_\_\_\_

Emergency Contact details: \_\_\_\_\_ PH: \_\_\_\_\_

Parent/Carer Signature: \_\_\_\_\_ Date: \_\_\_\_\_