Dear Parents, Thursday 29th January 2015

To enhance our classroom studies in PE/Outdoor Learning, the students are participating in Interschool Sport planned for TERM 1 ~ 9:00am – 11:00am.

The students will travel by bus some weeks and leave school at 9:00am and return by 11:00am. The children are expected to wear appropriate school sports uniform. They will need to bring their hat, water bottle and ensure that if asthma medication is required (ie inhaler etc) that it is brought on the day. The cost of the program will be cover by the payment of your Term 1 Excursion Levy.

“WHITE SUMMER INTERSCHOOL SPORT FIXTURE”

TRAINING WEEK: 5th FEBRUARY

ROUND 1: 12th FEBRUARY
Milgate V Serpell
(Playing at Milgate)

ROUND 2: 19th FEBRUARY
Milgate V OLOP
(Playing at OLOP)

ROUND 3: 26th FEBRUARY
Milgate V Andersons Creek
(Playing at Andersons Creek)

ROUND 4: 5th MARCH
Milgate V Serpell
(Playing at Milgate)

ROUND 5: 12th MARCH
Milgate V Andersons Creek
(Playing at Andersons Creek)

ROUND 6: 19th MARCH
Milgate V OLOP
(Playing at Milgate)

ROUND 7: 26th MARCH
Milgate V Serpell
(Playing at Milgate)

Please complete and return to your child’s classroom teacher by Tuesday 10th February 2015.

Parent Assistants are needed for Interschool Sport. Please indicate on the return slip if you are able to be a Parent Assistant for Interschool Sport.

Yours sincerely,

James Will
PE/Outdoor Learning Coordinator

MILGATE PRIMARY SCHOOL EXCURSION PERMISSION

Please complete and return to your child’s classroom teacher by Tuesday 10th February 2015.

I hereby give permission for my child ______________________________ in Grade _______ to attend Interschool Sport and may travel on a bus on the following dates Thursday 12th February, Thursday 19th February, Thursday 26th February, Thursday 5th March, Thursday 12th March, Thursday 19th March & Thursday 26th March.

In the event of accident or illness, I authorise the teacher-in-charge of this excursion to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

I would like to be an Interschool Sport Coach during Term 1. Name: ________________________________

SIGNATURE: ___________________________ DATE: ______________

(parent/guardian)

EMERGENCY CONTACT INFORMATION FOR TERM 1 INTERSCHOOL SPORT

CONTACT NAME 1: ___________________________ Phone No. _____________________

CONTACT NAME 2: ___________________________ Phone No. _____________________