



Leonay Public School
"To do your best"



Buring Ave, Leonay 2750
Email: leonay-p.school@det.nsw.edu.au

Ph: 4735 5999, 4735 5851, Fax: 4735 6373
Website: www.leonay-ps.nsw.edu.au

**PAYMENT AND PERMISSION NOTE TO BE RETURNED TO OFFICE BY
10am Tuesday 30 November 2021**

NO LATE PAYMENTS/PERMISSION NOTES WILL BE ACCEPTED

(If there are any circumstances in regard to payment by due date, please do not hesitate to contact the school before the due date)

An electronic version of this note will be sent to your email address as provided by you

12 November 2021

Dear Parents/Caregivers

Due to current Covid 19 restrictions still in place in regard to overnight excursions, Year 4 students will not be able to attend the overnight camp as we had hoped. However we were able to secure a date for Year 4 students to still participate in some of the programs the YMCA Yarramundi facility provides. Students will have the opportunity to experience caving, archery and a giant swing. It promises to be a jam-packed day where students will be fully supported by teachers and fully qualified staff of the facility.

Please see the following details:

- When:** Tuesday 14 December 2021
- Where:** YMCA – Yarramundi
- Time:** Depart school at 8am
Return to school at approximately 4.15pm
- What to wear:** Sports uniform, joggers, school hat and sunscreen.
- What to Bring:** Morning tea, lunch and bottle of water in a small backpack or library bag – clearly labelled.
- Travel:** Bus
- Cost:** \$80. This includes the bus and entry fee. Please note that the bus component is non-refundable. Please use the online payment system located on the school's website for payment.

If you would like your child to participate, please complete the permission note below and return to school no later than **10am Tuesday 30 November 2021**. Please return the note even if your child will not be attending.

Mrs Garbutt-Young
Coordinator

Miss Payne
Principal



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Payment (\$80)/permission due 10am Tuesday 30 November. No late payment/permission will be permitted

YMCA - Yarramundi

(Please circle relevant)

I do/do not give permission for my child.....ofto attend the YMCA Yarramundi facility.

(parent/caregiver signature)

(date)

Medical Note

My child has the following special needs (please provide full details and include any relevant medical details)

.....

I understand that my child will receive medical treatment in the case of an emergency.

(parent/caregiver)

(date)

I have made an online payment and my receipt number is.....

(parent/caregiver signature)

(date)