

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 CLASSROOM TEACHER BY

10am Monday 21 March 2022 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

15 March 2022

Dear Parents/Caregivers

2022 Cross Country Carnival - Rescheduled Event

Date: Thursday 24 March

Thursday 31 March (back up date)

Venue: Leonay Oval

Start: 10am – 12pm

Who: Years 3-6 as well as Year 2 students turning 8 years this year

Clothing: House team colours. Students are required to have their

shoulders covered so no singlets. Running spikes are NOT

ALLOWED

What to Bring: Hat, sunscreen, water, crunch and sip, recess food

We will be walking down to Leonay Oval at 9.45am. All participants will walk the course and junior students will run first. *Would you please sign the permission note below and have your child return this note to their classroom teacher.*

Parents are welcome and encouraged to attend the Cross Country carnival. Please note that dogs of any kind are not permitted at school events. Social distancing advice is to be followed.

This will be a normal school day and students are expected to return to school with their class teachers. No sign out options will be available at the oval.

Please note you are giving permission for both dates.

Mrs Renny Miss Payne Coordinator Principal



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Permission note due to school no later than 10am Monday 21 March 2022

2022 Cross Country Carnival – Rescheduled Event

I give permission for my childattend the Cross Country Carnival. I understand that Leonay Oval under the supervision of their class teach	at my child will be walking to and from
(signature parent/caregiver)	 (date)
Please list below any medical conditions/allergies you	
Please list any medication (puffer, Epipen etc) that activity.	needs to accompany your child on this
I am able to help with marshalling on the day.	
(Name)	
(Phone contact)	