



**PAYMENT AND PERMISSION NOTE TO BE RETURNED TO OFFICE BY
10am Tuesday 4 December 2018**

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

5 November 2018

Dear Parents/Caregivers

Year 5-6 End of Year Celebrations

Our end of year celebration for 2018 will be a combination of Zone Bowling Penrith and end of year party. The following provides detailed information:

- When: **Tuesday 11 December 2018**
- Where: Zone Bowling Penrith
- Transport: Bus
- Cost: \$30 – includes bus travel, bowling and tokens. Bus cost is **non-refundable**. Bowling and token fee is also **non-refundable** due to the terms and conditions in place by the centre.
- What to Wear: Sports Uniform
- Time: Depart school approximately 9.30am and return approximately 1.00 pm.
- What to Bring: Students will not be bringing any food with them for Bowling. However, they will be required to bring suitable food for a party/picnic style lunch. Teachers will discuss with their class what type of food to bring. You will be advised closer to the excursion.

Kind Regards

Mrs Longhurst
Coordinator / Assistant Principal

Miss Payne
Relieving Principal



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

Permission note/payment due no later than 10am Tuesday 4 December. No late permission/payments will be accepted.

Year 5-6 End of Year Celebrations

I give permission for my child.....of class.....to attend the end of year celebrations, which includes travel by bus to the Zone Bowling Penrith.

.....
(parent/caregiver)

.....
(date)

Medical Information

My child suffers from a medical condition: Yes/No (please circle). If yes, please complete information below:

Please list below any medical conditions/allergies your child suffers from:

Please list any medication (puffer, EpiPen etc) that needs to accompany your child on this activity.

.....
(parent/caregiver)

.....
(date)

End of Year Celebrations

I have made an online payment for my child.....

My receipt number is.....Date.....