



**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

K-4 End of Year Celebrations

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

When: **Tuesday 11 December 2018**

Where: Glenbrook Theatre. See details below.

Transport: Bus

Cost: \$20 – includes bus travel and movie ticket. This will be a non-refundable excursion.

What to Wear: School Uniform

Time: All students are required to be at school before 9am. Session times will be staggered for K-2 and 3-4.

What to Bring: Students will not be bringing any food with them for the movies. 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.

Students will be viewing "Ralph Breaks the Internet". This movie has been given a PG rating.

Please return the permission note and payment to the office no later than 10am 4 December.

K-4 Teachers

Miss Payne
Relieving Principal



Leonay Public School
“To do your best”



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

K – 4 End of Year Celebrations

I give permission for my child.....of class.....to attend the end of year celebrations, which includes travel to Glenbrook Theatre to view “Ralph Breaks the Internet”. I understand that this movie has a PG classification and give permission for my child to attend this movie.

(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.

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

(Student’s Name)

(Parent’s Signature)