



# Leonay Public School "To do your best"

Buring Ave, Leonay 2750  
Email: [leonay-p.school@det.nsw.edu.au](mailto:leonay-p.school@det.nsw.edu.au)

Ph: 4735 5999, 4735 5851, Fax: 4735 6373  
Website: [www.leonay-ps.nsw.edu.au](http://www.leonay-ps.nsw.edu.au)

**PERMISSION NOTE TO BE RETURNED TO OFFICE BY  
10am Tuesday 30 April 2019**

**NO LATE PERMISSION NOTES WILL BE ACCEPTED**

**(If there are any circumstances in regard to returning the permission note before the 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\***

9 April 2019

Dear Parents/Caregivers,

## 2019 CROSS COUNTRY CARNIVAL – backup

**Date:** Wednesday 1 May  
**Venue:** Leonay Oval  
**Start:** 9.30am – 11am  
**Who:** Years 3 – 6 as well as Year 2 students turning 8 this year.  
**Clothing:** School sport's uniform. Running spikes are **NOT ALLOWED**.  
**What to Bring:** Hat, sunscreen, water

We will be walking down to Leonay Oval at 9am. All participants will walk the course and junior students will run first. Would you please sign the permission note below and return to school by 10am Tuesday 30 April.

***Parents are welcome and encouraged to attend the Cross Country carnival. Please note that dogs of any kind are not permitted at school events.***

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.**

Thank you for your support

Mrs Fiona Connelly  
Co-ordinator

Miss C Payne  
Relieving Principal



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**Please return permission note to school no later than 10am Tuesday 30 April.**

## Cross Country Carnival – 2019 - backup

I give permission for my child.....of class.....to attend the School Cross Country Carnival. I understand that my child will be walking to and from Leonay Oval under the supervision of their class teacher.

.....  
(signature parent/caregiver)

.....  
(date)

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.

.....

I am able to help with marshalling on the day

(name) ..... (ph contact) .....