

Leonay Public School "To do my best" SAFE ESPICIPUE ESPICIPUE

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 TO BE RETURNED TO OFFICE BY 10am Thursday 2 March 2023 NO LATE PERMISSION NOTES WILL BE ACCEPTED (If there are any circumstances regarding the due date, ensure to make arrangements with the school office prior to the cut-off date)

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

16 February 2023

Dear Parents/Caregivers

2023 Cross Country Carnival		
Date:	Friday 3 March	
Venue:	Leonay Oval	
Start:	10am – 12pm	
Cost:	Nil	
Who:	Years 3-6 as well as Year 2 students turning 8 years this year	
Clothing:	School sports uniform. Running spikes are NOT ALLOWED	
What to Bring:	Hat, sunscreen, water, crunch and sip, long play 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 return to the office.

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 Renny Coordinator Miss Payne Principal

Leonay Public School





Buring Ave, Leonay 2750 Email: <u>leonay-p.school@det.nsw.edu.au</u> Ph: 4735 5999, 4735 5851, Fax: 4735 6373 Website: www.leonay-ps.nsw.edu.au

Permission note due to school no later than 10am Thursday 2 March 2023

2023 Cross Country Carnival – Cost Nil

I give permission for my child..... of class....... of class....... to attend the 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)	
I do not give permission for my child to attend the Cross Country Carnival.	of class	
(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 can help with marshalling on the day.		
(Name)		

(Phone contact)