PLENTY PARKLANDS PRIMARY SCHOOL

EXCURSION/S	PECIAL EV	ENT NOTICE	Date: 27-03	3-18	
TITLE: CURRICULUM AREA:			nterschool / Intrasc		IS
SUMMER TEAMS:	s	Interschool sport: Hot Shots Tennis, Football, Soccer, Netball. Intraschool sport: A non-competitive sport based program at Epping Leisure City, developing skills/ understanding of games by working with outside sporting professionals.			developing
VENUE:	<u> </u>	Home games: Plenty Parklands PS – Hot Shots, Netball. Soccer (RMIT), Football – Kelynak Reserve, Blossom Park Drive (opposite school). Away games: Mill Park PS, Mill Park Heights PS, St.Francis, Mernda, Findon St Damians. Intraschool Sport: Epping Leisure City.			IIT), nool).
DATE OF EXCURSION/SPECIAL EVENT: Mode of travel: Diamond Coaches Departing at: 9am (AWAY GAMES SHARP DEP Returning at: 11.30am	ARTURE) T	WINTER – Commencing Friday April 27 th , 2018 Training for Interschool sport teams from 8.00am – 8.45am each Friday (Bye weeks – no training). Grand Final Week – only training for participating teams. Teams who win will move onto Divisional Finals in term 4.			
COST: Reminder: If there is any difficulty in payi time, please phone the Principal or Business Manadiscuss arrangements. CSEF can be used to pay	ager to for sport.	\$ 60.00			
WHAT TO BRING: (Sunscreen – to be real every two hours if the activity is outdoors		Water	drink bottle, asthma p	ouffer (if required)	
SPECIAL REQUIREMENTS:	s b w	Full school sports uniform (interschool sport and school uniform for intraschool sport students) as well as appropriate footwear. If students are not in uniform, live by the values or payment is not made, they will forfeit the right to play. Students will be supplied with an Interschool Sports uniform. If a sports uniform is misplaced or lost the replacement cost is \$100.			
SPECIAL MEDICAL REQUIREMENTS OF Y	re (v	Reminder: It is a parent/guardian's responsibility to send any specific medical requirements, such as asthma puffer, etc. Pack your child's medication and hand it (with specific instructions) to your child's teacher. It is a teacher's responsibility to collect the Epipen bag from the first aid room or the hypo kit from the classroom.			and hand it onsibility to
PARENTAL ASSISTANCE REQUIRED: See Mr Wood for the next training program	m. P	Parent volunteers must have completed the Volunteer Training Progra a current WWC check. Supporters are most welcome to attend games need to live by the school values. Sport at PPPS is different to communication.			n and have however will
NOTICE AND PAYMENT MUST BE RETUR Please note: payment will NOT be accepte the due date.	RNED BY: ed after	TUES	DAY APRIL	_ 24 th , 2018	
Please cut off and re Parent permission	turn bottom se	ection to the school b	y the due date		
Program. If the emergency contacts are unavailable I authori medical practitioner. Yes No If no consent is given what shou		J	o my child receiving suc	ch medical treatment as	s deemed necessary
Signature	Date:				
Emergency contacts on the day of the excursion					
Name			Phone no:		
Name			Phone no:		Preferred Payment Met
Amount enclosed:	QKR / C	ash / Cheque / Cred	dit Card / CSEF (pleas	se circle)	A Okal
Parent assistance (please complete if you are	able to assist	with the Intra School	Sports Program- Eppi	ng Leisure City	by MasterCard
Adult's name		Daytime c	ontact phone no:		
am available to help each Friday morning from 9.0 PPPS, I cannot bring other children on the excursion values and abide by the excursion protocols. I also while on the excursion. I agree to wait until after the permission from the school or other families to post volunteer than places available, the teaching staff in Credit Card payment *	on. I have compound agree that I wine excursion be the excursion be the photos of other the unit will ma	oleted the Volunteer T ill not take phone calls fore posting photos o er children. I am also i ake the decision as to v	raining Program and un from, or phone, text, or my child on any form equired to have a curre which parent/s is/are bes	derstand my responsib r send photos to other of social media. I unde nt WWC check. If in the st suited to assist with the	ilities to live by the I Plenty Parklands fa erstand that I do not be case that more pane excursion.
PLENTY PARKLANDS PRIMARY SCHO Child's name	Home Group	Payment for: eg. C		Amount	יעפו ן
Simulation of the state of the	ome Group	i ayment for eg. c	····h	Amount	
Please charge my: Bankcard	☐ Visa	☐ Mastercard	I Amount: \$		
Card Number					
Signature of Cardholder:	F	Phone No	Date: _		