



IRAMOO PRIMARY SCHOOL No. 5152
IRAMOO HOUSE ATHLETICS DAY – THURSDAY, JUNE 7, 2018



Monday, May 7, 2018

Dear Parent/Guardian,

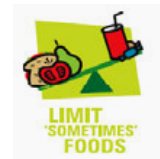
This year's Iramoo house athletics carnival for Grades 4, 5 and 6 will be held at the Wyndham/VUT Sporting Complex in Hoppers Crossing on **Thursday, June 7, 2018**.

The students will be transported to and from the complex by bus at a cost of **\$8 per child**. This also includes track and equipment hire.

Current health care/concession cardholders are eligible for the government **Camps, Sports & Excursions Fund (CSEF), \$125 per child per year** and you may choose to direct some of the CSEF towards payment for this event. Please ensure that our office has a copy of your current health care card/concession card.

The carnival will run from approximately **9.30 a.m.** until **2.30 p.m.** with all students expected back at school by **3 p.m.** Parents, grandparents etc. are most welcome to attend to support and encourage the children (no cost).

Please ensure that your child brings a *healthy* lunch/snack and definitely include no more than one 'sometimes food'. Ensure that food and drinks are in disposable containers (**no glass**) with your child's name clearly labelled on all items.



Students should wear a t-shirt in their house colour if possible and appropriate footwear for the sports. Please also note that this sporting complex is an outdoor venue and quite exposed to the weather. Children need to dress accordingly and bring a coat or jacket.

Please make sure that all clothing is clearly labelled with your child's name and grade.

****Spectators are welcome to take photographs at our school events but must of course be respectful of their use on social or other media, not taking or posting a photo of any child without permission from the child's parent/guardian.**

BRAD HODGES
PHYS. ED CO-ORDINATOR

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To be returned by 3.00 p.m. Friday, June 1, 2018



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CHILD'S NAME _____ **GRADE** _____

I give permission for my child to participate in the **Iramoo House Athletics** to be held at the **Wyndham/VUT Sporting Complex** in Hoppers Crossing on **Thursday, June 7, 2018**.

Please tick appropriate box

I enclose **\$8** for this activity **OR**

Please deduct the **\$8** payment from my **2018 Camps, Sports & Excursions Fund (CSEF)** – current Health Care cardholders only (Please ensure that the school has a copy of your current card)

On the day of the excursion I (or my nominee) can be contacted on phone number: ☎ _____.

Please tick if your child suffers any of the following:

- | | | | |
|------------------------------------|---|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Bee Sting | <input type="checkbox"/> Fits of any type | <input type="checkbox"/> Dizzy Spells | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Migraine | <input type="checkbox"/> Travel Sickness | <input type="checkbox"/> Other _____ | |

Where it is impracticable to communicate with me, I authorise the teacher/s in charge of the excursion to consent to my child receiving such medical or surgical treatment as may be deemed necessary.

* **Indicate any medication to be taken, include time and dosage** _____

PARENT/GUARDIAN'S SIGNATURE _____ **DATE** _____