



IRAMOO PRIMARY SCHOOL No. 5152
IRAMOO HOUSE ATHLETICS DAY – TUESDAY, MAY 30, 2017

house athletics carnival 17



Monday, May 15, 2017

Dear Parent/Guardian,

This year's Iramoo house athletics carnival for Grades 4 to 6 will be held at the Wyndham/VUT Sporting Complex in Hoppers Crossing on Tuesday, May 30, 2017.

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 posting a photo of any child without permission from the child's parent.

BRAD HODGES
PHYS. ED CO-ORDINATOR

To be returned by 3.00 p.m. Friday, May 26, 2017



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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 Tuesday, May 30, 2017.

Please tick appropriate box

[] I enclose \$8 for this activity OR

[] Please deduct the \$8 payment from my 2017 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: [phone icon] _____.

Please tick if your child suffers any of the following:

- [] Bee Sting [] Fits of any type [] Dizzy Spells [] Asthma
[] Migraine [] Travel Sickness [] 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 _____