



# Wiley Park Public School

Denman Avenue  
Wiley Park NSW 2195  
PH: 9750 0144

Email: [wileypark-p.school@det.nsw.edu.au](mailto:wileypark-p.school@det.nsw.edu.au)

Date: 28 March 2024

Dear Parent/Guardian,

## NOTIFICATION OF K-6 ATHLETICS CARNIVAL

An Athletics Carnival has been organised for your child. Please refer to the information in the table below and complete, sign and return the attached permission slip, together with the payment enclosed in the envelope or as an online payment, by **9:00am Friday 10 May 2024**.

<b>Excursion Venue</b>	Campbell Oval, Canterbury	<b>Year/Class</b>	K-6
<b>Date</b>	<b>Tuesday 28 May 2024</b>		
<b>Educational Purpose</b>	K-6 Athletics Carnival		
<b>Travel Arrangements</b>	<b>Depart from School</b>	9:15am	
	<b>Return to School</b>	Approximately 2:30pm	
	<b>Transport type</b>	Bus	
<b>Special Arrangements</b>	Students will be participating in a variety of athletic activities. A selection of 3-6 children will be chosen to represent the school at the Zone Athletics Carnival. Parents/guardians are welcome to attend the event. All children are to return to school at the end of the event and will not be authorised to be taken home by their parents. Students who are asthmatic must bring their own puffer.		
<b>Recess / Lunch</b>	Students are to bring their recess and lunch as normal. There will be a canteen operating at the park.		
<b>Total Cost (Paid to Teacher)</b>	<b>\$10 (This has been subsidised by the school)</b>		
<b>Due Date</b>	<b>Friday 10 May 2024</b>		
<b>Teachers attending</b>	All K-6 Teachers		

**Note:** Any child who falls below a Bronze Level, as outlined in the Behaviour and Discipline procedures may miss the excursion and the money will not be refundable.

Rene Demos  
Principal

Athletics Carnival Committee  
Organising Teachers

I give permission for my child \_\_\_\_\_ of class \_\_\_\_\_ to attend **the K-6 Athletics Carnival on 28 May 2024 at Campbell Oval, Canterbury.**

**Please select a payment option:**

Enclosed payment of \$10       Parent online payment. Receipt number \_\_\_\_\_

My child has the following medical condition/s: \_\_\_\_\_

\_\_\_\_\_  
Parent/Carer

\_\_\_\_\_  
Date