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## **Girls T-Ball Gala Day**

Your daughter has the opportunity to participate in *Girls T-Ball Gala Day*. The details of which are as follows:

Purpose:	To participate in a Gala Day as part of the KPS team						
Venue:	French Fields, Wagga Wagga						
Date:	Thursday 8 <sup>th</sup> September 2016	Start Time:	9:20am	Finish Time:	Approx, 2:50pm		
Travel:	Parents will need to provide private transport to and from the venue. If you are transporting students other than your own, you need to provide copies of current driving licence and registration papers and a Working with Children Check number.						
Supervision:	Ms Kim Baker						
Dress/Requirements:	Sports uniform, hat, lunch, recess, drinks and asthma puffer if needed						

## There are only 30 spots available on this excursion.

If you are happy for your child to participate in this event, please complete the permission note below and return it to the school office before 1:00pm Monday 5 September 2016.

Kim Baker	Beverley Jenkyn
Co-ordinator	Acting Principal

## Girls T-Ball Gala Day

I give permission for my daughter \_\_\_\_\_ \_\_\_\_\_\_ to attend the excursion, the details of which are below:

Purpose:	To participate in a Gala Day as part of the KPS team. I do understand that there are only 30 sports available on this excursion.							
Venue:	French Fields, Wagga Wagga							
Date:	Thursday 8 <sup>th</sup> September 2016	Start Time:	9:20am	Finish Time:	Approx, 2:50pm			
Travel:	I understand parents will need to provide private transport to and from the venue. I understand I have to provide a WWCC number and copies of driver's licence and registration papers.							
Supervision:	Ms Kim Baker							
Dress/Requirements:	Sports uniform, hat, lunch, recess, drinks and asthma puffer if needed							

My child has the following medical conditions, allergies, special dietary needs, medications required, of which you should be aware (eg: asthma) and understand that medical attention will be given if necessary:

Please note if your child has a band tutorial the tutor will need to be notified in case of being absent.

Signed: \_\_\_\_\_

(Parent/Caregiver)

**CO-OPERATION** 

\_\_\_\_\_ Date: \_\_\_\_\_

RESPECT RESPONSIBILITY EXCELLENCE

ACTING PRINCIPAL: MRS BEVERLEY JENKYN

Lake Albert Road Wagga Wagga NSW 2650 T: 02 6922 6443 E: kooringal-p.school@det.nsw.edu.au www.kooringal-p.schools.nsw.edu.au



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