



Sacred Heart Central School

Faith & Knowledge

Event	Western Region Cross Country
Date of Event	4/5/18
Fees payable	\$8.00
Venue	Gundagai Showground
Venue Address	Springflat Drive, Gundagai
Time of departure	8:30am
Time events commence	10:00am
Time students are expected at the venue	9:30 am
Students to meet	Sacred Heart Flag
Transport	Private car
Uniform	Sacred Heart Sports Uniform
School to provide	First Aid, Tent
Students to bring	Water bottle, hat
Canteen available	Yes
Teachers attending	Mrs Patrece Maxwell
Special instructions	Students must return the permission form by Monday 9th April 2018 . Transport is by private car. If parents can assist with this it will be greatly appreciated. A second note will be sent home on Tuesday 1 st May 2018 outlining travel arrangements.
Expected event finish time	1:30pm
Return to school	2:00pm

Permission slip and money to be paid to the front office by Monday 9th April 2018.
Failure to return by the due date may mean that students cannot attend the event.

Pmaxwell

Mrs Patrece Maxwell
Sports Coordinator

Janet Cartwright
Mrs Janet Cartwright
Principal



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PLEASE RETURN THIS PAGE with any required money to the Front Office in a blue payment envelope by Monday 30th April 2018.

CONSENT FORM

As a parent/guardian of _____ Class _____, I give my consent for him/her to participate in **the Western Region Cross Country 4/5/18** and agree to delegate my authority to the staff and instructors involved. I understand that teachers will take whatever disciplinary action is needed to ensure students' safety and the orderly conduct of the excursion. If the above student must be returned to the school due to inappropriate behaviour I will meet the cost of transport.

I authorise teachers to seek medical attention if needed while on excursion and agree to pay any medical expenses incurred on behalf of the above student.

Signed: _____
Parent/Guardian

STUDENT COMMITMENT

I agree to meet the expectations of this excursion and to follow the instructions of the teachers. I will be of good behaviour throughout the excursion.

Signed _____
Student

TRAVEL BY PRIVATE TRANSPORT (All sections must be completed if you are travelling to this event even if transporting your own child)

My Child's Name _____

My child will need transport arranged for them YES NO

I _____ (name) can provide transport to the Western Region Cross Country 4/5/18.

My current driver's licence number is _____
(Learner and provisional drivers are not permitted to transport students.)

My current vehicle has the following number of lap/sash seat belts available _____
(Do not count front seat if vehicle is fitted with an air bag if student is under 12 years.)

I have comprehensive insurance YES NO
(Must have comprehensive car insurance.)

I have submitted to the front office my Working with Children Check. YES NO

Signed: _____
Parent/Guardian