



KILLARA PRIMARY SCHOOL

Principal: Michelle Huggan
Phillip Drive, Sunbury 3429
PO Box 629 Sunbury 3429
Telephone 9744 6432
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ABN. 30 621 474 323

Killara 3-6 Athletics Carnival

Purpose: For all students to participate in the Athletics Carnival and practise in a competitive environment the skills they have learned in PE classes. The students will have the opportunity to compete in the following events: 100m and 200m Sprints, Long Jump, Triple Jump, Hurdles, Shot Put and Discus. Another purpose of this event is to select Killara Primary School's Athletics Team. Students in grade 3,4,5, and 6 who win overall in each event will be chosen to represent Killara Primary School at the District Athletics Carnival. It is an honour to earn a spot on the Athletic Team and all students who qualify are expected to compete at District level.

Dates: Friday 5th March

In the event of bad weather the sports will be rescheduled to Tuesday 9th March

Time: Students will depart Killara by bus at 9.00am and returning to school at approx. 3:00pm – 3.15pm. Please ensure that your child is at school by 8:45am.

Venue: Boardman, Sunbury Athletics Track

What to bring: Students to wear house colours t-shirt and school shorts, with appropriate footwear for their events as well as bring a snack, lunch and drink bottle of water (no glass or cans). All students are to wear Killara Hat throughout the day. ***Students are reminded that mobile phones are not to be brought on this excursion. Where absolutely necessary that a student brings a mobile phone, the phone MUST handed to the office at the commencement of the day and collected at the end of the day.***

Cost: \$3.50

Please return by 2nd March

Leonie Wallis
(PE/ Sports Coordinator)

Michelle Huggan
(Principal)

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Event- Athletics Carnival- Friday 5th March

Please return permission form with payment Tuesday 2nd March

I give permission for my child, _____ from room _____ to attend the excursion to Boardman athletics track

In the event of accident or illness, I authorise the teacher in charge, where it is impracticable to communicate with me, to seek such medical or surgical treatment for my child as may be deemed necessary. NB. The school does not provide accident insurance cover for students. Parents are advised to seek cover, if desired.

Medication information

Please complete if the student is currently taking medication and will need to take that medication on this excursion.

NAME OF MEDICATION (Eg. Ventolin)	METHOD (eg. puffer held by student)	WHEN, & HOW MUCH (eg. 2 puffs when required)

☐ QKR – receipt number: _____

☐ Cash Enclosed (\$ amount _____)

☐ Direct Deposit – date deposited: _____

☐ Take from CSEF payment (for those families who have received this allowance)

Signed: _____

Contact phone number for the day: _____