



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

Sunbury Schools District Athletics

Congratulations your child has earned a spot in Killara's Athletics Team! The team will be competing against the other Sunbury Schools in the District and if successful students can qualify for Divisions.
If your child is unable to compete for any reason, please inform me ASAP so the position can be filled.

Any spectators, must stay on the outside of the oval at all times please.

Dates: Thursday 25th March

Venue: Boardman Reserve Athletics Track

Transport: Students will travel by Bus to and from the venue departing Killara at **9:00am Sharp** and returning to school at approx. **3.00pm. (Please ensure your child is at the gym by 8:45am)**

What to bring: Students are to wear school appropriate clothing for their event and will be provided with a Killara Eagles T-shirt on the day. Students will need jumper, Killara Hat, sunscreen, lunch, snack and drink bottle.

Students are reminded that mobile phones are not to be brought on this excursion. The phone will need to be handed to the office at the commencement of the day and collected at the end of the day.

Cost - \$10.00 per student

Leonie Wallis
(PE/ Sports Coordinator)

Michelle Huggan
(Principal)

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District Athletics – Thursday 25th March

Please return this portion ASAP or Monday 22nd March at latest.

I give permission for my child _____ to attend the excursion to Boardman Athletics Track on Thursday 25th March.

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: _____