



**NOWRA EAST
PUBLIC SCHOOL**

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PRINCIPAL: Mrs Kristina Goldthorp OAM

CELEBRATION AT NOWRA AQUATIC CENTRE – EARLY STAGE 1 + STAGE 1

Dear Parents and Carers

As part of our positive behaviour guidance strategies and physical education program, students will be attending an excursion to the Nowra Aquatic Centre. This is a lovely end of year opportunity to celebrate together.

When: Monday 16 December 2019

Time: 9.30am by bus, returning by 2.45pm

Where: Nowra Aquatic Centre, 20 Scenic Drive, Nowra

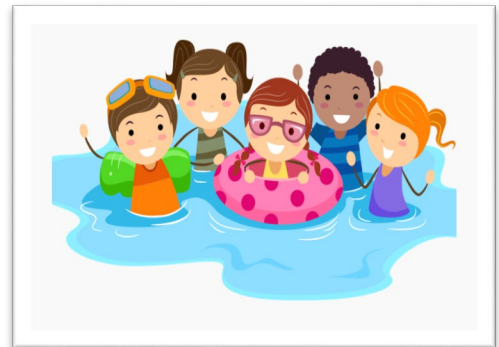
Cost: \$17

Please speak with the principal if you require financial assistance.

Things to bring: food, water bottles, hats, swimmers, rash vest, towel

Note and payment: due by **3pm, Monday 9 December 2019**

Children who have not paid by this time **will not** be able to attend the excursion.



Students will be fully supervised by trained employees, however, we are expecting responsible, safe behaviour from all students. Some of the activities of the excursion include water slides, splash pads, swimming in shallow end of the pool and wet games based on land. Please indicate below if you give permission for your child to go swimming and their swimming ability. Sunscreen will be applied to your child as part of sun safety practices. Please advise your child's teacher if you do not wish this to occur, or if you'd like to provide a particular brand of sunscreen for your child.

Yours sincerely

Mrs Goldthorp OAM
Principal
22 November 2019

Mrs Pigott
Assistant Principal

Parental consent – Note due by **3pm, 9 December 2019**

I give permission for _____ in _____ class to participate in the **Nowra Aquatic Centre** excursion on **Monday 16 December**, involving travelling by bus.

I **give/do not give** my child permission to go swimming.

My child is a **poor / average / strong** swimmer (please circle appropriate answer)

Special needs of my child which you should be aware (e.g. allergy) _____

- Cash payment
- Eftpos payment via office or uniform shop
- Online payment via school website

Signature of parent or carer _____ Date _____

Emergency contact number _____