### School Logo 2000ULLADULLA PUBLIC SCHOOL

### *Excellence, Innovation, Opportunity, Success, Strong Values*

**Principal: Mr Trent Burns (R)**

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 September 2018

Dear Parents and Carers,

Stage 3 School Sport will operate every Friday during Term 4, commencing on Friday 19th October, 2018.

Sport will operate in class groups supervised by the class teacher.

One class will walk to and from either the Ulladulla Tennis Complex or The Dunn Lewis Centre each week, commencing in Week 1 on Friday, 19th October. Sport will continue each Friday, with the last scheduled visit on Friday, 14th of December. Students will leave school at approx. 2pm and return by 3:30pm. They will be instructed by Mr Kevin Murphy (The local tennis Professional) and The Dunn Lewis Bowling staff.

Other students will stay at school and rotate through the sports of Golf, Touch Football, T-Ball/Cricket, Netball/ Basketball & Volleyball. To help provide a quality sport program we have also secured the services of the NRL (Touch) Development Officer (Mr. Tim Del Guzzo) and a Golf Professional from Golf Australia (Mr Luke Grinham).

The total cost for golf, tennis and bowling combined is $12. Could you please pay this one off payment before Friday 19th October.

Thank you kindly,

Mr Johnson, Mr Clark, Mrs Taylor, Mr Trent Burns

Mrs Johnson, Mrs Green, Mr Buckley, Principal Relieving

Miss Turner, Mrs Sunderland, Mrs Devlin and Mrs Greenacre.

Stage 3 Teachers

**PLEASE DETACH AND RETURN WITH YOUR PAYMENT TO THE FRONT OFFICE BY FRIDAY 19th OCTOBER.**

**…………………………………………………………………………………………………………………**

I give permission for my child ……………………………………….of class……………. to participate in Stage 3 Friday Sport during Term 4. They will walk to and from Ulladulla Tennis Complex or The Dunn Lewis Centre on either Friday 19th, 26th Oct, 2nd, 9th, 16th, 23rd, 30th Nov and the 7th and 14th of Dec.

I’ve included a one off payment of $12.00.

Special needs of my child of which you should be aware (e.g. allergies, medication - please provide full details):...................................................................................................................……………………………

( ) medication (please state)..............................................................................................................................

( ) food requirements (please state) ................................................................................................................

( ) asthma ( ) epilepsy ( ) other (please state) ..............................................................................…….

Allergies

( ) sun ( ) grass ( ) dust ( ) pollen ( ) insect bites

( ) allergy to the following medication/s: .........................................................................................................

( ) other (please state) ......................................................................................................................................

Signature of Parent/Guardian ........................................................................................Date.................…….….