



Jerrabomberra Public School

Coachwood Avenue, Jerrabomberra NSW 2619
Postal address: PO Box 319, Jerrabomberra NSW 2619
Telephone: 02 6299 8860
Facsimile: 02 6299 8863
Email: jerra-p.school@det.nsw.edu.au
Internet: <https://jerra-p.schools.nsw.gov.au>
ABN18 246 198 266

5/12/22

YEAR 3 END OF YEAR ACTIVITY

Dear Parent / Guardian,

As part of our end of year celebrations, Year 3 will be visiting the PCYC sports centre in Queanbeyan for organised sporting and fitness activities which will be facilitated by instructors at the Centre. The students will participate in rotating activities for approximately 1 hour.

When: Wednesday 14th December

Where: Qbn PCYC Sports Centre

Who: Year 3

Transport: Bus

Departure: 9:10am

Returning: 11:15am

Cost: \$10.00

What to wear: School sports uniform, including a hat as some activities may be outside

What to bring: water bottle

Regards,

Jane Minchin
Assistant Principal

Please retain this sheet for your information. Complete the attached note and return to class.

JERRABOMBERRA PUBLIC SCHOOL

YEAR 3 END OF YEAR ACTIVITY
Wednesday 14th December, 2022

Please complete and return to your class teacher by Friday 9/12/22

I give permission for my child, _____ in class _____ to attend The Year 3 End of Year Activity to Qbn PCYC Sports Centre on 14/12/22.

I understand that my child will be travelling to and from the venue by bus and that there is a cost of \$10.00 to attend.

- I have enclosed \$_____ cash / cheque (please circle) OR
 I have made an online payment. Receipt no. _____ Date ___ / ___ / ___

Online Payments: <https://jerra-p.schools.nsw.gov.au>

Click on "Make a Payment" tab
In 'Payment Options' please select **Excursion**
In 'Payment Description' please insert **Yr3 End of Year Activity**

Medical information

The following medical information is important to your child's safety and wellbeing. Please indicate if your child experiences any of the following:

- Any allergic condition Asthma Diabetes
 ADD/ADHD Epilepsy Other _____

Please list any medication to be taken during the excursion and times that it should be taken:

I give permission for my child to receive medical treatment in case of an emergency Yes No

Parent / Caregiver's Name: _____

Contact phone numbers: _____ or _____

Signed: _____ Date: _____