

INTERSCHOOL ATHLETICS CARNIVAL

Dear Parents/Caregivers

Your child has been selected to represent West Byford Primary School in the Interschool Athletics team. The carnival is being hosted at Woodland Grove Primary School and will be held on **Thursday**, **24**th **September 2020**.

Below is a timetable for the day. Please note all times are approximate.

8.50am: Long Jump, Triple Jump & Tee Ball Throw events
10.15am: 400m & Sprints
11.30am: LUNCH
11.50am: Team Games
1.20pm: Relays
2.00pm: Presentations

Students will be competing against Byford Primary School, Woodland Grove Primary School, Marri Grove Primary School and Beenyup Primary School. Students will be notified of the events they will be competing in prior to the day. If for any reason your child is unable to attend the carnival, please contact Mrs Bastick on Class Dojo, as the reserve will need to be notified.

The cost will be \$8.50 per student to cover our bus fare, and has been partially subsidised by the school.

The Woodland Grove P&C will be organising a Subway Lunch and is payable by cash only. <u>Payment</u> <u>cannot be made for lunch by EFTPOS or direct debit to West Byford.</u> Please complete the separate order form and place correct money into attached blank envelope.

Permission notes and payment for Interschool Athletics Carnival and lunch orders in a separate envelope are due back by Monday, 21st September. Please note, late payments won't be accepted.

We would love to have spectators on the day to cheer on our students and support our school.

Kind regards

Danielle Bastick Physical Education Specialist

14 September 2020 ⊰<-----

Permission Slip – Interschool Athletics Carnival

I give permission for my ch <mark>ild</mark>	from	(class) to attend the				
Interschool Athletics Carnival at Woodland	Grov <mark>e Primary Sch</mark> ool on Thursday,	24 th September. I				
confirm all <mark>health care details currently held</mark> at West Byford Primary School remain up to date.						
Parent name:	Parent signature:					

Date:

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Kardan Boulevard Byford WA 6122 Phone 9550 6000 Fax 9550 6026



WEST BYFORD PRIMARY SCHOOL

(Please enclose Payment and Permission Slip and place this envelope in letter box outside Admin)

STUDENT NAME	:				. ROOM
PAYMENT FOR:					
(Please tick \checkmark)	Cash 🗌	Cheque	Credit Card	Direct Deposit 🗌	Unallocated Credit \Box
AMOUNT	\$:	MasterCard		
Card No					
Cardholder's Nan	ne				EXPIRY DATE

Cardholder's Signature

Direct payment can be made to school via internet banking. **BSB 066040 ACCOUNT 19904111** You must include your child's surname, initial & room and cost name. (e.g. Smith J Ch2 AQWA Excursion)

Please enclose correct money. Change will not be given.

Unless requested, receipts for less than \$50 will not be printed. Please tick 🔄 if a receipt is required.