3rd February 2015

Dear Parents,

During term one grade 3 children will be attending the Diamond Valley Sport and Fitness centre as part of our Linking to Thinking focus. Children will attend the centre on Friday mornings from 9.15a.m. – 10.30a.m. Each student will rotate through 2 activities each visit.

Activities children will participate in include:

* Basketball  * Dance  * Tae kwon do  * Gym/Circuit  * T-Ball  * Bootcamp

**Total Cost:** $26.00

**When:** Fridays – 20th February, 27th February, 6th March, 13th March

**Final Date for Permission Form and Payment:** Tuesday 17th February

It is essential that all children wear appropriate footwear for these sessions and bring along a named water bottle.

Thank you,
Grade Three Team

Please return by Tuesday 17th February

Grade 3 - Diamond Valley Sport and Fitness Centre – 2015

Parent/Guardian Name (please print) ____________________________________________

I give permission for my child ______________________ in Grade ___________ to attend the excursions to Diamond Valley Stadium on 20th & 27th February and 6th & 13th March.

I authorise the teacher in charge of the excursions to consent, where it is impractical to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary.

Parent Signature: ______________________________ Date: ________________________

Emergency Phone Numbers: (Home/Bus.) ___________________ (Mobile) ________________

Paid by: (please tick) □ Qkr! App □ MasterCard/Visa □ EFTPOS □ Cheque □ Cash

Please return by Tuesday 17th February

Teacher’s Copy

Grade 3 - Diamond Valley Sport and Fitness Centre - 2015

I give permission for my child ______________________ in Grade ___________ to attend the excursions to Diamond Valley Stadium on 20th & 27th February and 6th & 13th March.

I authorise the teacher in charge of the excursions to consent, where it is impractical to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary.

Parent Signature: ______________________________ Date: ________________________

Emergency Phone Numbers: (Home/Bus.) ___________________ (Mobile) ________________

We will require parent assistance each week; if you are able to assist please circle the dates you are available

Name _______________ (Mobile) ___________________ I am able to assist on 20th Feb 27th Feb, 6th March 13th March.