Dear Parents,

The District Swimming Sports will be held on **Thursday 26th February, 2015**.

**Cost:** $6.00

**Venue:** Watermarc Aquatic Pool

**Time:** The District Carnival will begin at 9.30 a.m. and conclude at 1.30 p.m. The bus will leave Apollo at 9.10 a.m. and return by 1.45 p.m. Children are asked to report to Mrs Batchelor and Mr Smith at **9 a.m.** – outside the gymnasium.

All families are encouraged to attend and support all of the Apollo Parkways Primary School students. Cost for spectators is Nil.

Children are to wear their school uniform and to have suitable snacks, towel, swimming gear and disposable drink (no glass).

Training has been great this year and I’m sure we will have a good day.

If your child is ill on the day we would ask that you phone the school and let us know so emergencies can be organized.

Jan Arney

---

Return Slip by Monday 23rd February

**District Swimming Sports - Thursday 26th February, 2015**

I give my permission for my child .................................................... in grade ........................ to take part in the above excursion. I authorise the teacher in charge of the excursion to consent, where it is impracticable to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary.

Parent’s Signature ................................................................. Date ....... / ....... / .......

Emergency Phone No.s .................................................................

---

**Teacher Copy**

**District Swimming Sports - Thursday 26th February, 2015**

I give my permission for my child .................................................... in grade ........................ to take part in the above excursion. I authorise the teacher in charge of the excursion to consent, where it is impracticable to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary.

Parent’s Signature ................................................................. Date ....... / ....... / .......

Emergency Phone No.s .................................................................