



# PLUMPTON PUBLIC SCHOOL

33 Bottles Road, Plumpton NSW 2761  
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## PERMISSION LETTER

### Mt Druitt PSSA Zone Swimming Carnival


5/02/2020

Dear parents and caregivers,

Congratulations! Your child has qualified to represent Plumpton Public School at the 2020 Mt Druitt PSSA Zone Swimming Carnival.	
<b>WHERE:</b>	Mt Druitt Swimming Centre, 7 Mount St, Mt Druitt.
<b>DATE:</b>	<b>Wednesday 26/02/2020</b>
<b>TIME:</b>	Meet Ms Pumipi at Mt Druitt Swimming Centre entrance at 9.15am Parents will need to collect their child at the conclusion, approximately 2.30pm
<b>COST:</b>	Entry fee: PPS swimmers \$3.10 and spectators \$2.90 payable by parents at the pool.
<b>WHY:</b>	Representing our school at zone swimming carnival.
<b>WHAT:</b>	Students will be competing in selected swimming events.
<b>HOW:</b>	Private transport (parent or carer) to and from the venue.
<b>SUPERVISION:</b>	Mrs Pumipi
<b>CLOTHING:</b>	Students MUST wear FULL school uniform, including school hat, and appropriate swimwear.
<b>OTHER:</b>	Students will need to bring their recess and lunch (including a drink), bring a towel and wear sunscreen.
If you need to contact your child urgently, please phone the school on 9832-2466 or 9832-2477	
Please return the permission slip & health note with payment to the front office by: Monday 24/2/20	

Yours sincerely,

Serena Pumipi  
Swimming Trials Organiser

  
Maureen Larkin  
Principal

Please contact Serena Pumipi if you have any questions regarding this excursion.

I give permission for my child: _____ of class: _____	
to attend: Mt Druitt PSSA Zone Swimming Carnival on: Wednesday 26/02/2020	
<i>Please note: (a) Any student who is not behaving in accordance with the school discipline code may have their application to attend this excursion declined (b) Self-discipline and high standards of behaviour are expected at all times and (c) If significant misbehaviour occurs, a parent/caregiver may be contacted to collect their child from the venue.</i>	
<b>I understand that my child will be travelling to and from the venue with a parent or carer.</b>	
Please list any medical conditions or allergies: _____	
I understand that my child will receive medical treatment in the case of an emergency.	
Parent/Caregiver name (please print): _____	Signed: _____
Contact number (in case of emergency): _____	Date: _____