

8<sup>th</sup> August 2019

Dear Parents,

**Region Soccer Sport Finals 2019**

Congratulations your child has been selected to represent Thomas Mitchell Primary School at the Region Soccer Sport Finals.

The competition will take place on **Monday 19<sup>th</sup> August** at KM Reedy RSV, 11 Pound Road, Hampton Park. The bus will be leaving Thomas Mitchell Primary School at 8:30am sharp and returning at approximately 1.00 pm.

**Please arrive at school by 8:15am to allow for prompt departure.**

Students are to come to school dressed in school uniform. Students will need a packed lunch, drinks and a change of clothing, eg. Tracksuit over running clothes (school t-shirt or polo shirt and shorts), a change of shoes and a plastic bag. A mouthguard and soccer boots is highly recommended.

The teachers attending the excursion will be Miss Tessa Veljanovski.

Please return the permission slip to school by **Wednesday 14<sup>th</sup> August with \$20.00 for bus fare.**

To ensure accurate recording of money sent to school, it is most important that the attached specially printed envelope be used and correctly completed. Please send only correct money to school, as we are unable to give change.

Yours sincerely,

Olivia Goder  
Sports Coordinator

John Hurley  
Principal

**THOMAS MITCHELL PRIMARY SCHOOL – Region Soccer Sport Finals 2019**

I give permission for my child ..... in class .....  
to participate in the Region Soccer Sport Finals at KM Reedy RSV, 11 Pound Road, Hampton Park , on Monday 19<sup>th</sup> August 6, 2019. I understand the students will be travelling by bus at a cost **of \$20.00.**

I enclose \$20.00 to cover the cost of my child’s participation in this event

I understand that if I am an observer of the event, and intend to take photos/digital images, they will be only of my child, and not contain other children. Photos and digital images are considered personal information and governed by the Privacy Act in relation to the event. In consideration of this, I will not upload any images to social media of any student other than my own.

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

My child has the following medical condition: .....  
and requires the following medication to be administered during this activity: .....  
..... (a medication form has been completed and submitted to school).

Contact for day of excursion: ..... Phone for day of excursion: .....

Signed: ..... Dated: .....