Dear Parent/s,

In preparation for the upcoming District Athletics carnival all children in Years 3-6 will be participating in a Standardised House Athletics Day. Each student will be competing in 8 events against a set standard for each event. The details of this day are as follows:

**Activity** - Standardised House Athletics Sports  
**Date** - **Monday 15th August, 2016.**  
**Venue** - Hageneuars Reserve, Barwon Street, North Box Hill (Melway Ref. 47 C7)  
**Time** - Depart W.P.P.S 9.15am  
Return W.P.P.S 3.00pm  
**Transport** - Bus  
**Cost** - Covered by the essential education items levy.  
**Clothing** - Sports clothing appropriate for running i.e. shorts, comfortable running shoes. A change of clothes is also a good idea in case of wet weather. It is advisable to have warm clothing to wear before and after competing. Children are encouraged to come dressed in their **house colours** as this is a house event.  
**Food** - All competitors are required to take lunch, a snack and a water bottle. These should all be clearly labelled.

Parents who can help on the day by marking standard cards and assisting at various events would be greatly appreciated. Please see your child’s teacher if you wish to help out. There will be room available on the bus if you would like to come with us.

Kind Regards,

James Feather  
P.E Teacher/Sports Co-ordinator

Gayle Cope  
Principal

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**Could the attached forms be signed and returned to school by Monday August 8th, 2016.**
Permission Forms

Form 1 to be taken on excursion

Child’s name in full ____________________________________________________

I give permission for my child ______________________ Grade ______ to compete in the Standardised Athletics to be conducted at Hageneuars Reserve on Monday August 15th 2016. I understand that my child will be travelling to and from the venue by bus. I authorise the teacher in charge of the excursion to consent where it is impracticable to communicate with me to my child receiving such medical or surgical treatment that may be deemed necessary in the event of an emergency.

Signed ___________________ Contact Number ____________________________

Form 2 to be retained at school

Child’s name in full ____________________________________________________

I give permission for my child ______________________ Grade ______ to compete in the Standardised Athletics to be conducted at Hageneuars Reserve on Monday August 15th 2016. I understand that my child will be travelling to and from the venue by bus. I authorise the teacher in charge of the excursion to consent where it is impracticable to communicate with me to my child receiving such medical or surgical treatment that may be deemed necessary in the event of an emergency.

Signed ___________________ Contact Number ____________________________