



Kurmond Public School

Courtesy Safety Responsibility

494 Bells Line of Road KURMOND 2757 | P (02) 45731648 | F (02) 45732122 |

E kurmond-p.school@det.nsw.edu.au

1st February 2019

Dear Parents/Caregivers,

Term 1 Wellbeing & Social Skills Program

This term we have engaged Sport in Schools Australia (SISA) to deliver a **PDHPE** program designed to enrich the education, and broaden the learning experiences of our students under the PDHPE Curriculum. The program offers a unique active education experience for students to participate in a wide range of interactive team building, cooperative learning and collaborative activities. The program is delivered using specialized equipment that gets students interacting in a fear-free setting.

Students will be required to wear their sports uniform on their lesson day. The lessons will be held **every Friday for ten weeks commencing Week 2 (8th February - 12th April)**.

The cost of the program is **\$45 per child**. A discount for families with more than two children has been provided as follows:

- 1 child = \$45
- 2 children = \$90
- 3 children = \$112.50
- 4 children = \$135

Please send payment to school *no later than Wednesday 6th February* in a sealed and clearly marked envelope along with the signed permission note below or make an online payment using Visa or MasterCard credit or debit cards by going to the school website <https://kurmond-p.schools.nsw.gov.au/contact-us.html> and clicking on 'Make a Payment'. Complete the mandatory fields, i.e. those shown with *, and use 'Wellbeing Program' as the reference. Return the permission note the next day with the online section completed. If you are experiencing difficulty in making this payment, please contact me either in person or in writing, to organise alternative arrangements for payment.

It is important that the teachers are aware of any medical conditions that may need to be taken into account when working with the students. Please indicate in the space below if your child has any medical conditions or has had a recent injury that may require some poses to be adjusted for them.

Kind regards.

Patricia Beggs
Principal

KURMOND PUBLIC SCHOOL

Term 1 Wellbeing & Social Skills Program

(Return by Wednesday 6th February 2019)

Family Name: _____

☐ I give permission for my child/ren _____
to participate in the Healthy Skills for Life program and enclose \$ _____

☐ I have made an online payment for \$ _____ Receipt # _____

MEDICAL CONDITIONS

My child has the following medical conditions/recent injuries: _____

(Please attach further information if necessary)

Parent/Carer's Signature: _____

Date: _____