



Kurmond Public School

Courtesy Safety Responsibility

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1st May 2019

Dear Parents/Caregivers

Term 2 K-6 Moving Bodies Athletics Program

In Term 2 students will participate in an eight-week Athletics Program run by Moving Bodies. The program covers a diverse range of events, giving students the opportunity to perform various aspects of athletics and to gain knowledge and confidence for events at the school athletics carnival. Moving Bodies provides specialist Primary School Athletics instructors who have the training to ensure students learn to use the athletics equipment safely while developing the correct techniques to fulfil this component of the NSW PDHPE syllabus.

The program consists of 8 weekly lessons each Tuesday from Week 3-10 of Term 2 (14/05/19 – 02/07/19). Students are to wear sports uniform and all students are expected to **participate** in the program.

The cost of the program is \$35 per student. Please send payment to school by **Thursday 9th May** in a sealed and clearly marked envelope, along with the signed permission note below, or pay online using Visa or MasterCard credit or debit cards. Go to the school website <https://kurmond-p.schools.nsw.gov.au> and click on 'Make A Payment'. Complete the mandatory fields, i.e. those shown with *, and tick the 'Sport' box and enter 'Athletics'. 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 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 adjustment for them.

Kind regards.

Patricia Beggs
Principal

KURMOND PUBLIC SCHOOL TERM 2 K-6 MOVING BODIES ATHLETICS PROGRAM

Family Name: _____

I give permission for my child/ren _____
to participate in the **Term 2 Athletics 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: _____