



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

29th January 2020

Dear Parents/Caregivers

Term 1 K-6 Skipping Program

In Term 1 students will participate in a ten-week Skipping Program run by Dancefever Multisport. The program combines movement & music and students learn to skip by themselves, with a partner and in a group while at the same time improving their fitness levels. The program is compliant with the NSW PDHPE syllabus.

The program consists of 10 weekly lessons each Friday commencing this week on 31/01/20. Students are to wear sports uniform and **all students** are expected to participate in the program.

The cost of the program is \$20 per student. Please send payment to school 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 'Skipping'. 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 1 K-6 SKIPPING PROGRAM

Family Name: _____

I give permission for my child/ren _____
to participate in the **Term 1 Skipping Program @ \$20 per student** 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: _____