

Moonee Ponds West Primary No.01- 2901
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Respect
Community
Honesty & Integrity
Creativity
Persistence
Inclusiveness
Freedom
Rights & Responsibility



Our vision at MPW is to foster a community of life-long learners. We strive to develop socially responsible and resilient individuals who are working towards achieving their full potential.

13th February, 2017

Dear Parents / Carer,

Your child has been selected to represent the school in the District Swimming Sports at Queens Park Pool, Cnr Pascoe Vale Rd and The Strand, Moonee Ponds, on **Thursday 23rd February**, 9.30 a.m. to 1.00 p.m.

We will travel by bus leaving school at **9.00 a.m.** All students need to be at school by **8.45 a.m.** in the gym to have their name marked off. The bus will return to school at 1.30p.m.

The students will need all of their swimming gear, a hat, sunscreen, adequate clothing (for excessive heat or a cool day), water bottle and snacks (no money to purchase food at the pool please).

Parents are welcome as spectators at the pool. We also need assistance on the day to sit with the students and to help with some jobs. There will be room on the bus for parents. Can you please let me know if you will be travelling with us.

Please complete the form below and return as soon as possible to Bree.

Bree White
P.E. TEACHER/SPORT CO-ORDINATOR

NAME OF CHILD: _____ ROOM NO: _____

Date of Birth _____ (for the entry form)

I give permission for my child to attend the District Swimming Sports on Thursday February 23rd 2017.

YES NO

In the event of illness or injury to my child whilst at school, on an excursion, or travelling to or from school; I authorise the Principal or teacher-in-charge of my child, where the Principal or teacher-in-charge is unable to contact me, or it is otherwise impracticable to contact me to:

consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner,

administer such first aid as the Principal or staff member may judge to be reasonably necessary.

Signature of Parent/Guardian _____

Date: / /2017

I can assist on the day YES/NO Name _____

Contact no. for February 23rd _____