



Tyabb Railway Station Primary School

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5th February 2019

2019 Tyabb Railway Station House Swimming Carnival

Dear Parents,

Tyabb Railway Station Primary School is having a House Swimming Carnival, which will be held at the Crib Point Swimming Pool, 31 Governors Road, Crib Point, 3919 (Melway ref: 195 B1) on **Wednesday 20th February 2019**.

In the next couple of weeks students will attend a house sports meeting in class time where they can put their name down for a number of different of races including swimming across the pool, running across the pool and novelty races with kickboards. Students are encouraged to enter into an event but if they do not want to enter we would love to have them attend cheering on their house.

Students will be transported by bus, leaving the school at 9.30am with the carnival commencing at approximately 10.00am and expected to finish at approximately 1.00pm where they will then be transported back to school by bus. Parents are welcome to come along and support and cheer on their children.

Students are encouraged to dress up in their house colours, they also need to bring their bathers, towel, hat, sunscreen, snacks, lunch and drink bottle.

The total cost of the bus and pool hire is \$9.00.

Please return the permission slip, with money attached to your classroom teacher by **Friday 15th February 2019**.

In the event the house carnival is to be canceled it will be moved to another date.

Michelle Sommers
Physical Education Teacher/ Sport Coordinator

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2019 TYABB RAILWAY STATION HOUSE SWIMMING CARNIVAL PERMISSION SLIP

Please complete and return to your class teacher by Friday 15th February 2019.

I hereby give permission for my child _____ in Grade _____ to participate in the 2019 House Swimming Carnival at the Crib Point Swimming Pool on Wednesday 20th February 2019.

I enclose \$9.00 as a payment for the activity.

In the event of accident or illness, I authorise the teacher-in-charge of this excursion to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

I am aware that my child is traveling to the event via bus.

SIGNATURE: _____

DATE: _____

PARENT NAME: _____

EMERGENCY CONTACT INFORMATION (for 20th February 2019)

CONTACT NAME : _____

PHONE NO. _____

I am able to assist with supervision and/or duties on the day of the Swimming Carnival. YES / NO