



Bellinggen Public School

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9 April 2019

DISTRICT CROSS COUNTRY

Dear Parents,

Your child has been selected in the School Cross Country Team. The team will participate in the District Cross Country to be held at **Bowraville Recreation Ground on Friday, 10th May 2019.**

Cost is \$10 for **ALL** competitors whether they are travelling by bus or private transport.

EQUIPMENT: The course at times can be quite muddy. It would be appropriate for the competitors to bring a change of clothes (change facilities are available), and plastic bags. Footwear **must** be worn as the course is partly run over a farm.

WET WEATHER: If the weather is doubtful the course will be inspected between 7.00am and 7.30am. If necessary there will be radio announcement over Triple M Coffs Coast as early as possible.

LUNCHES: The Bowraville Canteen Committee will operate a canteen on the day. All food will be bought over the counter (no lunch orders). However due to popularity they often sell out so please bring your own food to avoid being hungry.

The bus will depart from Bellinggen Public School **promptly** at **9.05am**, so that children will be at Bowraville in time to walk the course at 10.00am.

To assist with the organisation of the event and safety of your child, please complete permission note and return with money to your child's class teacher by Friday 3rd May.

If your child has private music lessons, please contact your tutor for a make-up lesson.

This activity has the permission of the principal.

Craig Ellem
Sports Coordinator


Dylan Harry
Rel Principal

DISTRICT CROSS COUNTRY PERMISSION NOTE

I give permission for my child in class to attend the District Cross Country at Bowraville Recreation Ground on **Friday, 10th May 2019**, involving travel by bus, accompanied by Miss Fleming and Miss Buckley.

My child will be travelling by **bus** YES NO

My child will be travelling by **private transport** YES NO

(**ALL** competitors whether they are travelling by bus or private transport must pay \$10) **Preferred payment method "POP" via school website.**

My POP payment receipt number is Receipt No _____

I give permission for the supervising teacher to seek medical attention if need needed.

Yes No

Special needs of my child (eg allergy/medication) that you need to be aware of are (please provide full details)

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Signed Parent/Guardian Date.....