

**INTERSCHOOL CROSS COUNTRY**

**MDISSA CROSS COUNTRY TUESDAY 31st JULY 2018**

Dear Parents

Please complete the attached permission note for your child's participation in the above Interschool Cross Country events.

The total cost of the excursion is **\$9.00** per student. Parents are asked to complete the below form and return to the **front office** by **Wednesday 25<sup>th</sup> July 2018**. Our preferred method of payment would be via the **Qkr App**. Payment is due by **Wednesday 25<sup>th</sup> July 2018**.

Students will wear school sports uniform which is green shorts and our school sports top, which will be issued to them on **Monday 30<sup>th</sup> July 2018**. They will also need school track suit.

**MDISSA CROSS COUNTRY – Brentwood Primary School Tuesday 31st July 2018**

Students need only to bring a water bottle, they will be back at school in time for lunch. Times for races are as follows.

<b>E V E N T S</b>	<b>Division A</b>
1. Girls Year Four	11.10am
2. Boys Year Four	11.20am
3. Girls Year Five	11.30am
4. Boys Year Five	11.40am
5. Girls Year Six	11.50am
6. Boys Year Six	12.00pm
PRESENTATIONS approx.	12.15pm
DEPARTUR approx.	12.45pm

Please don't hesitate to contact me if you have any queries.

Kind regards

Patrick Sweeny  
Deputy Principal





# Winthrop Primary School

## PARENT/GUARDIAN CONSENT – MDISSA INTERSCHOOL CROSS COUNTRY

Year Level ..... Room No. ....

I have read and understand the information regarding MDISSA Cross Country on Tuesday 31<sup>st</sup> July 2018 and give my consent for my son/daughter .....to attend.  
(FULL NAME)

I am aware that any costs incurred as a result of accident or illness are my responsibility and that school staff are not responsible for any loss or damage to my child’s personal property that may occur during the course of the excursion.

I agree to inform the organisers before the scheduled excursion departure of any change to my child’s health and fitness so that appropriate supervision may be arranged. I acknowledge that, should it be considered necessary, school staff will arrange to present my child for medical assessment.

Signed.....Parent/Guardian Date.....

Parent Contact Phone..... Parent Mobile Phone.....

Emergency Contact Number (other than parent) (1).....(2).....



(Please Return to School Front Office)

# Winthrop Primary School

## Payment Slip

Student’s Name: \_\_\_\_\_ Yr Level \_\_\_\_\_ Rm No. \_\_\_\_  
(FULL NAME)

Amount Payable  
**\$9.00**

### MDISSA Interschool Cross Country

- Qkr App** – Reference number; \_\_\_\_\_
- Cash** - Correct money only, no change given or responsibility accepted for lost cash or discrepancies.
- My current account balance is sufficient to cover this excursion.**
- Credit Card** Type Of Card: **Visa**  **Bankcard**  **Mastercard**

N.B. We do not accept Diners, American Express or Overseas Bank Cards

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

Expiry Date \_/ \_

CCV

--	--	--

Card Holders Name \_\_\_\_\_ Signature \_\_\_\_\_

☎ \_\_\_\_\_ REFERENCE NO: Office use only. \_\_\_\_\_