

YEARS 3/4 GLENEAGLES CUP 2017

Gleneagles Secondary College

Monday 16th OCTOBER, 2017



Dear Parents/Guardians,

During the 3/4 Team Games (Sport Session) on Tuesdays, the 3/4 students have had coaching in Basketball, Soccer, Volleystars and Netball by Year 9 students from Gleneagles Secondary College. The program has been valuable and fun for all students.

To conclude this fantastic program, the Gleneagles students have organised a Round Robin Tournament (**Gleneagles Cup**) against other schools in the District on Monday 16th October. This will be held at Gleneagles Secondary College (*Reema Blvd, Endeavour Hills 91 H4*) from approximately 9:30am until 2:30pm. *Parents are welcome to watch the games at Gleneagles Secondary College.*

The cost for this event is FREE!

Gleneagles has arranged for students to travel by bus (seat-belted) to and from this event, leaving at approximately 9:00am and returning by 3:00pm.

Lunch of sausages and bread (vegetarians will be catered for), a drink and an ice cream will be provided on the day. Students will need to bring snack, fruit and a drink (water bottle) for the day. They must also be dressed in school sports uniform, including a hat and appropriate footwear (runners/no football boots). A warm jacket and a towel are also highly recommended.

Please complete the permission form (next page) and return it to school by FRIDAY 13th OCTOBER, 2017.

Students who suffer from asthma must bring their medication

Rob Coxon
Physical Education Teacher

Julie Macfarlane
Principal

HALLAM PRIMARY SCHOOL EXCURSION FORM

BUS

PARENT COPY

Dear Parent/Guardian

The following details refer to an excursion in which your son/daughter is being asked to participate.

Activity: **GLENEAGLES CUP (YEARS 3/4)** Date: **October 16th (Monday)**

Venue: **GLENEAGLES SECONDARY COLLEGE (Reema Blvd, Endeavour Hills)** Cost: **FREE**

Mode/s of Travel: **Melway Ref: 91 H4**
BUS – SEAT BELTED

Point of Assembly: **HALLAM PS (HALL) Depart: 9:10AM Arrives: 3:00PM**

Point of Dismissal: **Classroom**

FULL SCHOOL UNIFORM MUST BE WORN

Signature of Teacher in Charge: **Rob Coxon** Date: **10/10/17**

Please sign forms below and return immediately to the Teacher In Charge.

Where withdrawal from the excursion incurs a cost to the school, no refund will be available.

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EXCURSION – BUS: Seat Belted

EXCURSION COPY (RETURN TO SCHOOL)

I give permission for my son/daughter _____ of _____

to attend the **GLENEAGLES CUP (YEARS 3/4) at Gleneagles Secondary College on Monday 16th October 2017.**

I authorize the teacher in charge of the excursion to consent, where it is impracticable to communicate with me, to my child's receiving such medical or surgical treatment as deemed necessary.

EMERGENCY CONTACTS:

NAME: _____ PHONE: _____

or NAME: _____ PHONE: _____

Doctor's Name and phone number:

Details of allergies or any other medical information which may need to be known in an emergency:

Ambulance Fund YES / NO Signed: Parent/Guardian: _____ Date ___/___/___

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EXCURSION – BUS: Seat Belted

EXCURSION COPY (OFFICE COPY)

I give permission for my son/daughter _____ of _____

to attend the **GLENEAGLES CUP (YEARS 3/4) at Gleneagles Secondary College on Monday 16th October 2017.**

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NAME: _____ PHONE: _____

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Doctor's Name and phone number:

Details of allergies or any other medical information which may need to be known in an emergency:

Ambulance Fund YES / NO Signed: Parent/Guardian: _____ Date ___/___/___

BOTH SECTIONS MUST BE COMPLETED, SIGNED AND RETURNED