

ALEXANDRIA PARK COMMUNITY SCHOOL

Park Road Alexandria 2015
phone +61 2 9698 1967
email alexparkcs-c.school@det.nsw.edu.au
web www.alexparkcs-c.schools.nsw.edu.au



2022 Zone Cross Country Carnival

Dear Parents and Carers,

Your child has been selected to represent APCS in the 2022 Zone Cross Country Carnival at Centennial Parklands on Wednesday 25th May, 2022.

- Date:** Wednesday, 25th May, 2022.
Students: Select APCS students who have qualified for zone carnival participation.
Venue: Centennial Park.
Travel: Bus
Departure Time: 8:40am from Park Rd Bus Bay. Please meet under the Milperra at school by 8:30am.
Return Time: Approx 2pm
Dress: Full school uniform (students are encouraged to wear school uniform suitable for running i.e shorts and joggers/trainers).
Cost: \$16.00 (inclusive of carnival grounds hire and return bus trip).
Lunch: All students must bring a packed recess and lunch. There will be no canteen facilities available.

- Payments can also be made in person at the Primary Office by: **Tuesday 24th May.**
- Payments can also be made online using either a Visa or Mastercard credit or debit card.
 - The payment page is accessed from the homepage of the school website by selecting '\$Make a Payment'. <http://www.alexparkcs-c.schools.nsw.edu.au/>

What to bring: Sunscreen, hat, water bottle, food, suitable running shoes (no track spikes), any medication required for intense exercise.

Parents and guardians may attend but must adhere to current COVID-19 advice and event regulations.

Please complete the permission slip below and return it to Mr Ansell (3/4A teacher) by Monday 23rd May.

Kind Regards,

Jacob Ansell
Stage Two Sports Coordinator

Paul Keevers
Deputy Principal

----- Please detach this permission slip and return to Mr Ansell by Monday 23 May -----

ZONE CROSS COUNTRY 2022

I consent for my child..... of class to participate in the Zone Cross Country carnival on Wednesday 25th May 2022.

My son / daughter has the following special/ medical needs (please provide full details and include any relevant medical details)

I have made an on-line payment of \$16. My receipt number is _____

Parent/ Caregiver Signature _____ Date _____