

ALEXANDRIA PARK COMMUNITY SCHOOL

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Friday September 15th 2023

3-6 Term 4 Sport

Dear Parents and Carers,

Please be advised that **Stage Two and Three Term 4 Sport** will commence on **Friday 13th October** (Week 1) and will run until **Friday 1st December** (Week 8).

To participate in Tennis, soccer, gymnastics and swimming programs you agree to the cost **for Term 4** as listed below. We also offer a range of at-school sports at no cost. **PLEASE DO NOT MAKE PAYMENT when returning this note. An additional payment note will be sent out** notifying parents, carers and guardians of successful placement in paid activities with payment instructions as required.

| Paid Options (Per Term) | | | |
|--|--|---|--|
| Dunbar Soccer Clinic Stage 3 \$54 | Tennis Stage 3 \$61 | Gymnastics Stage 3 \$75 | Swimming Stage 3 \$76 |
| Skills and training sessions run by Dunbar Rovers Football Club professional coaches. | Tennis activities at Alexandria Park courts run by professional coaches. | Students participate in a gymnastics program run by professional coaches. | A paid learn-to-swim program run by swim instructors at NCIE. Please note students selecting this option must depart school at 8:30am and will be walking to the venue. |
| Unpaid Option (Per Term) | | | |
| Students will participate in a rotational range of activities focusing on developing their capability in different sports, fundamental movement skills and gross motor skills. Please note students may need to walk to a local venue (Alexandria Park Erskineville Oval) under the supervision of APCS teachers. | | | |

Kind regards,

Jacob Ansell & Erin O'Sullivan

3- 6 Sports Co-ordinators

3 – 6 SPORT TERM 4, 2023

I give permission for _____ of Class _____ to participate in Term 4, 2023 Friday sport.

- ☐ I understand students may walk to a local venue supervised by teachers in order to complete their activity.
- ☐ I give permission for my child to receive medical treatment if necessary.

Please choose a sport in order of preference:

- 1 _____
- 2 _____
- 3 _____

Does your child have any specific medical needs? YES / NO If YES, please provide further details

Signed _____ (Parent/Carer) Date _____