

# Casula Public School



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29 June 2022

## 2022 K-2 Athletics Carnival

Dear Parents/Carers,

The K-2 Athletics Carnival will take place on **Thursday 4 August** at Casula Public School. The school has organised for Dance Fever Multi Sport to provide equipment, set up activities and co-ordinate the event on the day. Closer to the date, we will advise parents/carers if you are able to be on site. The school canteen will be operating as normal if you want to order your child's lunch.

**Time:** 9:15 am - 1:15 pm

**Cost:** \$3.50

**Dress:** Sports uniform, hat, sunscreen, joggers and a water bottle.

Please return the money via the online payment system and the completed slip below to the office by **Friday 29 July**. No notes and money will be accepted after this date. Please note that if your child has paid and is absent on the day, no refund will be given.

**Medical Details:** If any medical details have changed since the last medical form was completed, please request a new form for completion.

### PAYMENT

Using the link on our School Website at [www.casula-p.schools.nsw.edu.au](http://www.casula-p.schools.nsw.edu.au) Click on 'Make a Payment' and follow the prompts to make a payment via Visa or MasterCard.

**\$ Make a payment** you must enter:

- Student's name
- Class
- Name of Excursion
- Date of birth

If payment by cash is necessary, payment can be made by placing an envelope with permission note and money into the letter box in the School Office.

**ONLINE PAYMENTS ARE PREFERRED**

**Karen Goulder**  
Relieving Principal

**Rachel Webbey**  
Assistant Principal

K-2 Athletics Carnival Permission Slip  
**Return to school no later than Friday 29 July 2022**

I give permission for my child \_\_\_\_\_ of class \_\_\_\_\_ to attend the K-2 Athletics Carnival incursion on **4 August 2022**.

- I have made an online payment. My receipt number is: \_\_\_\_\_
- I have enclosed full payment of **\$3.50 cash**.
- I would like to use my school credit (please contact the office for available balance).

Parent/Carer Signature: \_\_\_\_\_ Date: \_\_\_\_\_