Dear Parents,

We will be conducting our Annual Swimming Carnival on Thursday, 9th February at the Merrylands Swimming Pool. Once again we will be aiming for full participation by all pupils, so the carnival will be organised to achieve this goal. As the carnival is part of our sporting program, all pupils from Years 3 to 6 are required to attend.

Children will travel by bus. If you wish to take your child with you at the end of the carnival, please inform your child’s teacher so that the roll can be marked correctly. Please note that novelty events will not be included on the day. Parents and friends are most welcome to attend.

**TIMETABLE:**
- 8:55 am: Children assemble at school
- 9:00 am: Buses leave for the pool
- 9:30 am: Carnival commences
- 2:30 pm: Buses leave the pool for school.

**COST:** $8.50 per child (This includes bus fare and pool entry).

**UNIFORM:** Sport uniform, costume and a cap or hat.

**LUNCH:** Children should bring sunscreen, lunch and water bottles.

Children will be selected from our carnival to represent the school at the Zone Carnival which will be held on Wednesday, 7 March 2012.

Please complete the permission note below and return it to school, with the money in an envelope, by Monday, 6th February. If you need help from the Student Assistance Scheme Program, please contact me at the school.

Yours sincerely,

P. Cassimatis
Principal

E. Avgerinos
Sports Co-ordinator

30 January, 2012

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**SWIMMING CARNIVAL PERMISSION NOTE – YRS 3-6**

I give permission for my child ____________________________ in class _________ to attend the Swimming Carnival at Merrylands Swimming Pool on Thursday, 9th February, 2012. I understand travel will be by bus. Cost $8.50

I ( ) will / ( ) will not be collecting my child from the carnival venue.

To the best of my knowledge, my child: (Please ✓ a box)

☐ Is able to swim 50 metres unaided
☐ Is able to swim 25 metres unaided
☐ Is a non-swimmer

Please advise of any known allergies or medical conditions.

_________________________________ (Parent/Guardian) Date: ______________

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☐ Is able to swim 25 metres unaided
☐ Is a non-swimmer

Please advise of any known allergies or medical conditions.
__________________________________________________________________________________

Signed ___________________________(Parent/Guardian) Date: _____________________