STAGE 2 – Term 4 2011 REWARDS DAY

Students in Years 3 & 4 are invited to attend their Term 4 Rewards Day at the Banora Pool Tuesday 13 December. Students must be at School by 8.45am ready for departure at 9.00am sharp!

- Students will arrive at the Banora Point Pool Complex at 9.30am.
- Students must wear a rash shirt or t-shirt (with sleeves) and a wide brimmed hat at all times
- Students will arrive back at School by 2.30pm.

The cost of the day is $10 per child which includes return bus fare, entry to the pool complex with two hours access to the water slide. Lunch/recess/drinks (no glass bottles) can be brought from home or if required, basic food facilities are available at the Pool Complex. Please complete the permission note below and return it with your $10 payment by Friday 9 December.

This looks like an exciting day, however, if any student has been sent to the ‘Planning Room’ on two occasions, accumulating six points this term, they WILL NOT be permitted to participate in this event and will be required to attend class as normal on this day.

Amanda Hawes – Assistant Principal
Debra McKinnon – Principal

STAGE 2 ACTIVITY – REWARDS DAY 2011 (Please return by Friday 9 December)

I hereby consent to my child ____________________________ Class_____ participating in unstructured aquatic activities at the Stage 2 Reward Day at the Banora Point Pool Complex, on Tuesday 13 December. I understand that travel will be by bus departing the School at 9.00am sharp and returning by 2.30pm.

SWIMMING ABILITY
To assist with our organisation on the day, all students swimming ability will be evaluated by staff prior to them going into the water. Please clearly indicate below your child’s swimming ability. Please only tick one area.

- Non swimmer
- Continuously swim 25m, may stop to rest
- Confidently swim 25m, without stopping and comfortable in deep water

SPECIAL NEEDS FOR MY CHILD OF WHICH YOU SHOULD BE AWARE:
(eg. medication, allergies - please provide full details)

- Medication (please state)________________________________________________________
- Asthma   □ Epilepsy   □ Other (please state)_________________________________________

ALLERGIES:
- □ Insect bites  □ dust  □ pollen  □ other ________________________________

- Allergy to the following medications / foods:________________________________________

ADDITIONAL INFORMATION:_______________________________________________________

Signed Parent/Caregiver):__________________________    Date: ____________________