



Wednesday, November 17, 2021

Term 4 Sporting Schools Gymnastic Program

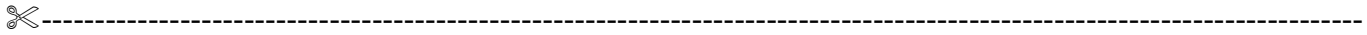
Dear Parents and Carers,

This term, the remaining students from classes KB, KS, 1M, 2B, 2S, 3D, 5C, 5M and 6P will be taking part in a gymnastics lesson run by Eden Area Gymnastics at Pambula. Lessons will be held during Week 8, Week 9 or Week 10. This will address the Gymnastics Outcomes in our Physical Education Syllabus, as well as, be a fun way for students to develop their physical education, balance and movement skills, mental health and wellbeing. The cost for each student is \$17.00. Please pay online via <https://merimbula-p.schools.nsw.gov.au/> before Friday the 19th of November (this week) and return the below permission form to the office.

Week	Date/Time	Class 1
8	22/11 Monday 12pm-2.20pm	6P
8	24/11 Wednesday 12.45pm-2.20pm	KS & ½ KB
8	26/11 Friday 12.45pm-2.20pm	2B
9	29/11 Monday 12pm-2.20pm	5M
9	1/12 Wednesday 12.45pm-2.20pm	1M
9	3/12 Friday 12.45pm-2.20pm	3D
10	6/12 Monday 12pm-2.20pm	5C
10	8/12 Wednesday 12.45pm-2.20pm	2S

Sincerely,
Mr Ben Kirk
Gymnastics Coordinator

Ms Michelle Hulme
Principal



Term 4 Sporting Schools Gymnastics Program – Permission and payment due before Friday, November 19th

Dear Mr Kirk and Ms Hulme,

I give permission for my child _____ of class _____ to attend the gymnastics program, held at Eden Area Gymnastics in Pambula, during Term 4 2021 (on the date specified in this note that his/her class is attending). I understand that if my child is unable to attend they may forfeit all funds.

I understand that my child MUST take a labelled water bottle and have an up to date Action Plan/in date medication at school should he/she have asthma or anaphylaxis.

I understand that gymnastics is a part of the curriculum and that it is expected that my child attend.

I have paid online. My receipt number is _____.

My child has a medical condition that you need to be aware of / may impair their participation in this program
(please circle): **Yes / No**

Details: _____

Parent / Carer Name: _____ Signed: _____

Contact Ph: _____ Date: _____

