



Jamisontown Public School

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10 December 2020

Years 3-6 School Gymnastics Program 2021

Dear Parents/Caregivers,

As part of our PDHPE program 2021, experienced and accredited coaches of gymnastics from 'Be Skilled, Be Fit' will be coming to our school to run an 8 week program for our Years 3-6 students. This program will be run for Kindergarten to Year 2 students in Term 3, notes for this will be sent out in Term 2.

Lessons will commence Week 2 Term 1 on Thursday of each week. This is a high-quality program that has been run in our school in previous years and all students have thoroughly enjoyed the lessons.

The advantages of this program not only develop gymnastic skills but also develop hand, finger and muscle strength as well as mid line development and hand eye co-ordination which assists and strengthens student fine motor and gross motor activities in the classroom and in everyday life.

The cost of the program is \$26.00 per student. The cost has been subsidised by the Australian Sporting Schools Fund, making it a very affordable program.

If you are unable to pay the full amount of \$26 by Tuesday 3 February 2021 (Week 2), a deposit of \$15.00 per student and the completed permission slip needs to be received by this date. If paying a deposit, the final payment of \$11.00 must be paid by Tuesday 23 February 2021.

Payments can be accepted from Wednesday 27 January and POP payments can also be accepted from this time.

Please ensure your child is appropriately dressed for the gymnastics program each Thursday.

Mr Jason Clarke
Principal

Mrs Jo Lister
Organising Teacher

PLEASE COMPLETE THE SECTION BELOW AND RETURN IT BY 3.00pm Tuesday 3 February 2021.

Whole School Gymnastics Program


Please return to the school office by 3.00pm Tuesday 3 February

I consent for my child _____ of class _____ to participate in the gymnastics program to be held at school commencing Term 1 for 8 weeks.

The following are special needs / medical needs of my child that need to be considered:

_____ **Asthmatics will need to have their puffer with them.**

Signed Parent/Caregiver _____ Date _____

JAMISONTOWN PUBLIC SCHOOL - POP PAYMENT SLIP	
	Student Name: _____ Class: _____
	Student Name: _____ Class: _____
	POP - Receipt Number: _____ Amount Paid: _____
	Payment for: _____