

## **Jamisontown Public School**

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11 February 2021

## Penrith Zone Swimming Carnival 2021

Dear Paren	t/Guardian				
	imming Centre,	has Station Street Penrebruary 25, 2021.	qualified for the Penrith Zone Swim ith. The cost of the event is \$11.00	ming Carnival. The carnival will be held at Perper child. This includes pool entry. The date of	rith the
competitors	eed to arrange tra s are at the pool b teps need to be ta	y 8:30 am at the la	ild to and from the pool. The first extest. Due to COVID procedures on	vent will begin at 8:45 am so it is important that ly one spectator per competitor is allowed and	t all the
	<ul><li>The specta</li><li>Once the e</li></ul>	tor will need to sig	in the competitors name as well as the into the pools using the Service NS petitor are completed, they will need be permitted to use the showers after the s	SW QR code. I to be signed out from the teacher and leave	
sunscreen,	food and water. I	n case of wet wear	cashless transactions only. It is extre ther, it is important that all children nival will be held on Thursday Febru	emely important that all children bring their own bring a raincoat. There is no alternative date for lary 25, 2021	hat, the
Competitor \$30 and sig	rs successful in ga gn a permission no	aining nomination ote. Payment for th	for the Sydney West Swimming Ca is is cash only and notes should be si	arnival will be required to purchase a Zone shirt igned on the day.	for
If your chi February 2		ticipate, please ret	turn the permission note and the \$	11.00 entrance fee to the school office by Tues	day
Your child	will compete in the	he following event	<u>s</u> :		
Open 100m freestyle 50m Freestyle 50m Breaststroke			50m Breaststroke 50m Back	kstroke	
50m Butterfly 4x50m relay 200m Inc			200m Individual Medley		
Tilde				gan that	
Mr Jason Clarke Principal				Mrs. Kylie Carlin/ Susan Watson Co-ordinator	
			2021 ZONE SWIMMING CARN	IVAL	
	give permission f nursday 25 Februa		of class and that transport will be by private v	_ to attend the Zone Swimming Carnival on vehicle.	
Th	ne spectator name	is	Relationship	p to child	
M	y son/daughter ha	as the following spo	ecial needs (please provide full detail	ls and include any relevant medical details)	
Si	gnature of Parent	/ Caregiver		Date	
		JAMIS	ONTOWN PUBLIC SCHOOL - POP PAYM	ENT SLIP	
	TOWN PUBLIC	Student Name:		Class:	
	• 1			l l	
1	DE SHE SE		umber:		
	CCT FULL	Payment for: _			
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