



## CLEMTON PARK PUBLIC SCHOOL

*Pursuing Excellence*

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### ZONE SWIMMING CARNIVAL 2024

Dear Parents/Guardians,

Congratulations! Your child has been selected to represent Clemton Park Public School at the Wiley Park Zone Swimming Carnival.

**DATE:** Thursday 29<sup>th</sup> February 2024  
**VENUE:** Angelo Anestis Aquatic Centre  
98C Preddys Rd, Bexley North

**Students will need to travel to and from the venue by private vehicle.**

As the carnival begins at 9:20am, all students attending need to meet Mr Koulouris and Mrs Mollica near the pool entry between **8.45am and 8.50am**. Parents and carers intending to stay and watch the races will need to pay an entry fee to the pool and are required to remain in the kiosk area throughout the carnival.

If you are unable to transport your own child on the day please indicate on the slip below.

The cost is **\$10.00** per student. This cost covers the admission to the pool, hire of pool lanes and a Wiley Park zone fee. Please pay and send in signed permission notes by Wednesday 28<sup>th</sup> February.

Students are required to wear their sports uniform, bring a hat, sunscreen, swimmers, a towel and a bag for wet items. A school blue CPPS swimming cap will be provided.

Students are to bring their own recess and lunch and any medication if needed. A small canteen will be available for drinks and snacks if required.

Please collect your child at approximately **2:30pm** from the front entrance.

We wish all our swimmers good luck on the day.

Mr Koulouris & Mrs Mollica  
Organisers

  
Mr Robinson  
Principal



## Zone Swimming Carnival – Permission and Payment Slip

I give permission for my child \_\_\_\_\_ in class \_\_\_\_\_ to attend the Wiley Park Zone Swimming Carnival on Thursday 29<sup>th</sup> February 2024 at Angelo Anestis Aquatic Centre, Preddys Rd, Bexley.

I understand

- the cost is **\$10.00**. (This covers pool entry, lane hire and Wiley Park Zone fee.)
- that travel is by private transport and I am responsible for transporting my child to and from the carnival.

Cash

Online Payment

My son/daughter requires medication: YES / NO

My child will bring \_\_\_\_\_ on the day.  
(Type of Medication)

I will be able to transport my child to the zone swimming carnival.

I will not be able to transport my child to the zone swimming carnival. My child will need alternative transport. (Students requiring this transport will need to meet at school at 8:15am. They will be returned to school by 3:00pm.)

Signature of Parent/Carer: \_\_\_\_\_

Date: \_\_\_\_\_