



CLEMTON PARK PUBLIC SCHOOL

Pursuing Excellence

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11th March, 2024

CROSS COUNTRY CARNIVAL 2024

WHEN: Friday 5th April 2024

TIME: 9.00am-1.00pm

WHERE: Hughes Park Westfield Street Earlwood

WHO: Students 8 years of age and older

The Clemton Park P.S. Cross Country Carnival will take place on **Friday 5th April 2024**.

Students in Year 3-6 will be participating.

Students in Year 2 who have already turned 8 or will turning 8 years through the course of this year will be participating.

Your child will be walking to and from Hughes Park with a teacher for the carnival. The children will be competing in age races. The races held are 2000m (8/9/10 Years) and 3000m (11/12/13 Years). All students will return to school by 1.00pm for a normal lunch. Please place your lunch order before school.

There is no cost for this carnival. Permission slip to be returned by Wednesday 3rd April 2024.

Please make sure that your child wears their sports uniform and running shoes (no spikes). They must wear a hat, bring a water bottle and sunscreen on the day. Students will need to bring their recess to the park. Lunch will be back at school. No recess orders should be placed for the children attending the cross country.

If your child requires asthma medication or other medication, please ensure they have it labelled with them on the day. Students are to always carry their puffer with them.

If the carnival is cancelled due to wet weather, it will be rescheduled.

Please complete the permission slip below and hand it in to your child's teacher.

Ms Bebonis, Mr Glanville, Mr Koulouris

Carnival Organisers

Mr Robinson

Principal

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Clemton Park Public School – Cross Country Carnival

I give permission for my son/daughter _____ of class _____ to walk to and from Hughes Park on **Friday 5th April 2024** for the Clemton Park P.S. Cross Country Carnival.

There is no cost for this carnival. Permission slip to be returned by Wednesday 3rd April 2024.

My son/daughter requires medication. (Please fill in the details below.)

My child will bring _____ on the day.

(Type of Medication)

Parent/ Guardian Signature: _____ Date: _____