



PRINCIPAL: Paul Robinson

Tel: 97184483  
Fax: 9718 8703  
185 Bexley Road, Earlwood NSW 2206  
EMAIL: [clemtonpk-p.school@det.nsw.edu.au](mailto:clemtonpk-p.school@det.nsw.edu.au)  
WEBSITE: [www.clemtonpk-p.schools.nsw.edu.au](http://www.clemtonpk-p.schools.nsw.edu.au)

### WILEY PARK ZONE CROSS COUNTRY CARNIVAL 2024

WHEN: Wednesday 15th May 2024  
TIME: 10.00am – 2:00pm  
WHERE: Peace Park – Trevenar St Ashbury  
TRAVEL: By bus  
COST: **\$12 per child**

The children will be competing in age races against other schools. The races held are 2000m (8/9; 10 Years) and 3000m (11; 12/13 Years).

Please make sure that your child wears sports uniform, running shoes (no spikes), a hat, and brings a bottle of water and sunscreen on the day. Students will need to bring their recess and lunch with them as there may not be canteen facilities at the park. Students will need to be at school by 8.50am and are to meet Ms Bebonis and Mr Glanville under the COLA. Students will return to school by 3pm.

If your child requires **asthma** medication or other medication, please ensure they have it and it is labelled on the day. Students are to carry their puffer at all times.

**Please return all permission notes to the front office.**

Mr Koulouris, Ms Bebonis & Mr Glanville  
Cross Country Organisers

  
Mr Robinson  
Principal



### Wiley Park Zone Cross Country – Permission and Payment Slip

I give permission for my child \_\_\_\_\_ in class \_\_\_\_\_ to attend the Wiley Park Zone Cross Country on Wednesday 15th May 2024.

I understand that transport will be by bus and the cost is **\$12.00**.

Cash/Cheque  
Enclosed in an envelope.

Online Payment through Sentral

The last day of payment will be **Friday 10th May 2024** (3pm cash/cheque OR 6pm Online)

My son/daughter requires medication: YES / NO

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

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