



CLEMTON PARK PUBLIC SCHOOL

Pursuing Excellence

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Dear Parents/Guardians,

Congratulations! Your child has been selected to represent the school in **Touch Football** as part of PSSA sport held each Friday afternoon. Students will travel by bus to Clemton Park to play against other primary schools in our local PSSA zone. Students will depart school at 12.15pm and return at approximately 3:00pm.

Round 1 - 3/5/24 (Friday Week 1, Term 2) Round 13 - 9/8/24 (Friday Week 3, Term 3)

The cost of the bus is **\$9 per week**. There are 13 rounds during the 2024 winter season. There are no semifinals or finals this year – the champion team will be the team with the highest point score at the end of the competition. Currently, we are asking for payment for the first 7 rounds. Therefore, the **payment required is \$63**.

Another note will be sent home when the next payment is due for the remaining rounds. In the likely event that PSSA is cancelled due to wet weather, that week's payment will be moved to the following week.

Training for Touch Football will be held on Friday mornings at 8am on top field. Students will need to meet the coach, Mr Messer, under the cola. We would like to see all our team members in the correct school sports uniform.

Note: No jewellery is to be worn.

If your child places a lunch order at the canteen on a Friday, please ensure that PSSA is written on the lunch order bag. Lunch orders must be collected at recess at 11:00am.

Sally D'Arrigo
Deputy Principal


Paul Robinson
Principal



PSSA Touch Football – Permission and Payment Slip

I give permission for my child _____ in class _____ to attend PSSA Sport each Friday afternoon from 3rd May to 9th August 2024 at Clemton Park.

I understand that transport will be by bus and the cost is **\$63** for the first 7 rounds of the season, and that further payment may be necessary during the season.

The last day of payment will be **Tuesday 30th April**.
(3pm CASH or 6pm Online Payment through Sentral parent portal).

Cash/Cheque

Online Payment

My son/daughter requires medication: YES / NO

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

Signature of Parent/Carer: _____ Date: _____