

CLEMTON PARK PUBLIC SCHOOL

Pursuing Excellence

ABN: 55 922 166 723

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WILEY PARK ZONE SWIMMING CARNIVAL 2025

Dear Parents/Guardians,

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

> Monday 3rd March 2025 DATE:

VENUE: Roselands Leisure and Aquatic Centre,

Centre Ave Roselands

COST: \$12 (entry & Wiley Park fee)

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 \$12.00 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 **Friday 28th 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

Principal



Zone Swimming Carnival – Permission and Payment Slip

I give permission for my child	in class
to attend the Wiley Park Zone Swin Roselands Aquatic Centre, Centre	nming Carnival on Monday 3 rd March 2025 at Ave Roselands
Iunderstand	
- the cost is \$12.00 . (This covers	s pool entry, lane hire and Wiley Park Zone fee.)
 that travel is by private transport the carnival. 	rt and I am responsible for transporting my child to and from
The last day of payment will be: Frida (3pm CASH or 6pm Online Payment to	
☐ Cash/Cheque	☐ Online Payment
My son/daughter requires medication:	YES / NO
My child will bring	(Type of Medication) on the day.
I will be able to transport my ch	nild to the zone swimming carnival.
I will not be able to transport my alternative transport with Mrs M	y child to the zone swimming carnival. My child will need follica or Mr Robinson.
Students requiring this transport will no school by 3:00pm.	eed to meet at school at 8:15am. They will be returned to
Signature of Parent/Carer:	Date: