Dear Parent/Caregiver,

Congratulations your child has been specially selected in the Chifley College Dunheved Campus Swim Team. They will be competing at the Zone Swimming to be held at Mt Druitt Pool on Thursday, 23rd February 2012.

Students will be required to make their own way to and from the pool due to the excessive cost of hiring a bus for a small number of students. Students will be required to meet Mrs. Turi

WHEN: Thursday, 23rd February 2012
WHERE: MT. DRUITT POOL, MOUNT STREET, MT DRUITT
TIME: 8:45 AM – 2:30 PM
TRANSPORT: STUDENTS WILL BE REQUIRED TO MAKE THEIR OWN WAY TO AND FROM THE POOL.

COST: $3 - which covers pool entry and hire, paid to Mrs. Turi on the day.

For more information please contact Mrs. Turi in PDHPE on 9623 6600.

Yours sincerely,

Tim. C. Jones
Principal

Mrs. L Turi
Sports Coordinator

ZONE SWIMMING - PERMISSION NOTE
(Please return this note to the Mrs. Turi in the PDHPE staff room by Wednesday 22nd February)

I give permission for my child _________________ to participate in the Zone Swimming Carnival at Mt Druitt Pool on Thursday, 23rd February 2012. I understand that students will be required to make their own way to and from the pool.

I give / do not give permission for my child to receive medical treatment in case of emergency.

Parent/Caregiver signature: ___________________________ Date: _______________
Home Phone No: ________________________________
Mobile Phone No: ________________________________