

**ILLAROO ROAD PUBLIC SCHOOL**

***Years K - 2 Gymnastic Program***

**DATE:** Term 1 - Weeks 3 to 10 (Monday 10 February to Thursday 2 April)

**VENUE:** School hall

**TIME:** **Mondays or Thursdays**

**COST:** \$27.00

**WHO GOES?:** Kindergarten to Year 2 students

**CLOTHING:** Sport Uniform

**DETAILS:** Fit Futures will run the program. Their staff have a wealth of experience working with school children and supply a variety of equipment to support the lessons. This will supplement our programs in PDHPE, and in particular, enable students to meet outcomes specific to the gymnastics component of the PDHPE curriculum.

Each Year K-2 class will participate in a 30 minute lesson. The lessons will either be on a Monday or Thursday and will take place in the school hall. This will take the place of our regular sport lesson time.

The cost is \$27.00 per child for the seven week program. This cost has been significantly reduced by the Sporting Schools Grant the school has received.

Gymnastics is a mandatory component of the curriculum and it is expected that all students will participate. Should up-front payment of this important program present financial difficulty please inform your class teacher. As is always the case, the school will look at alternative payment arrangements.

This program has been approved by the principal.

**Coordinator:** Miss Alyce Penfold

**Please complete the section below and return to classroom teacher by Friday 7 February and payment is due by Friday 14 February 2020**



**Illaroo Road Public School**  
**PERMISSION NOTE**  
***Years K - 2 Gymnastic Program***

I hereby consent to my son/daughter/ward (full name) \_\_\_\_\_ class \_\_\_\_\_ participating in the Gymnastic Program at Illaroo Road Public School in Term 1 on Monday or Thursday in Weeks 3 to 10 (Monday 10 February to Thursday 2 April).

Please find enclosed \$27.00 for the cost of the gymnastics program.

I have made payment online for \$27.00 Receipt No. ....

Special needs/instructions for my child are (include medical/allergy information): \_\_\_\_\_

I understand that by signing this note I give permission for my child to receive medical treatment in case of emergency.

Signature of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_