

ILLAROO ROAD PUBLIC SCHOOL

Years K - 2 Gymnastic Program

DATE: Term 1 - Weeks 4 to 9 (Tuesday 16 February to Thursday 25 March)

VENUE: School hall

TIME: Tuesday or Thursdays

COST: \$20.00

WHO GOES?: Kindergarten to Year 2 students

CLOTHING: School uniform. (Girls to either bring or wear shorts during the program)

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 Tuesday or Thursday and will take place in the school hall. K-2 sport will continue to take place on a Monday.

The cost is \$20.00 per child for the six 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: Mrs Sara Sheppard

**Please complete the section below and return to classroom teacher by Friday 12 February
Payment is due by Friday 19 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 Tuesday or Thursday in
Weeks 4 to 9 (Tuesday 16 February to Thursday 25 March).

Please find enclosed \$20.00 for the cost of the gymnastics program.

I have made payment online for \$20.00 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: _____