Dear Parents/Guardians,

Sporting Schools is a $100 million Australian Government initiative designed to help schools to increase children’s participation in sport, and to connect children with community sport. We are one of over 5,000 schools who have registered to be a part of this initiative.

This term we are able to provide students in Pre-Primary – Year 6 with the opportunity to participate in 4 sporting sessions.

**For Pre-primary to Year 2 students**

*Sport:* Soccer  
*When:* Thursdays, 3-4pm  
17th, 24th, 31st Mar & 7th April  
*Where:* School Oval  
*maximum number of students 40

**For Years 3 to 6 students**

*Sport:* Softball  
*When:* Wednesdays, 3-4pm  
16th, 23rd, 30th Mar & 6th April  
*Where:* School Oval  
*maximum number of students 32

The school receives funding from Sporting Schools therefore there is no cost associated with the clinics passed on to parents/caregivers.

We anticipate that a large number of children will want to participate in the sessions. If we have too many students wishing to participate, students will be selected at random. Students who are not selected will be given priority to participate in Sporting Schools sessions in Term 2.

Students will be supervised until 4.00pm. Please indicate below if your child is to be collected from school or will be walking/riding home at the end of clinic. Due to the anticipated high student numbers, any misbehaviour by students during the sessions or failure to collect a child by 4.00pm will result in the child being excluded from future sessions.

Please complete the form attached and return it with your child prior to 11th March. Ensure details of any student that suffers from a medical condition, especially respiratory complaints such as asthma, are completed on the form and that the child has appropriate medication available.

Should you have any queries regarding the sporting sessions do not hesitate to contact the school office.

Yours sincerely,

Carla Sudholz  
Deputy Principal
I give permission for my child/ren to participate in after school soccer/softball sessions on Wednesdays/Thursdays.

My child/ren will:

☐ Riding/walking home  ☐ Collected by a parent/guardian

Has there been any changes to your child’s medical condition since last completing a student health form?

Yes [ ]  No [ ]

Details:

_______________________________________________________________________________________

_______________________________________________________________________________________

Where it is not practical to communicate with me, I authorise the teacher in charge of the training to consent to my child receiving such medical treatment as may be considered necessary. I am aware that Education Department insurance does not cover personal accidents through misadventure nor loss or damage of personal belongings.

Signed: _______________________________  Date: ________________