# McCALLUM’S HILL PUBLIC SCHOOL

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**Walk-A-Thon P&C Fundraiser**

Dear Parents and Carers,

On Monday 10th March 2014 McCallums Hill Public School will be participating in the WALK-A-THON. Grades 3-6 will be walking the perimeter of the school, at 11.30am and returning to school by 1:00 pm. Students will need to wear sports shoes, sports clothing and bring water in a labelled bottle.

K-2 will be participating in the WALK-A-THON in school grounds.

At the completion of the walk-a-thon, the students will be given a free ice block by the P&C.

Regards,

P&C and Mr Fadi Hijazi

**Only students in 3-6 to return the permission note below.**

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I give permission for my child/guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in class\_\_\_\_\_\_\_\_\_\_\_ to walk to around the surrounding streets of the school grounds on the 10th March 2014 to participate in the walk-a-thon.

My child has the following special needs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and can be treated with the following\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*(please provide full details and include relevant medical details)*

I give permission for my child to receive medical treatment in case of an emergency.

I **have given** permission for my child’s photo to be displayed. Yes/No

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

(Parent/ Carer)