



ARCADIA PUBLIC SCHOOL

140 ARCADIA ROAD ARCADIA NSW 2159 TELEPHONE (02) 9653 1207 FACSIMILE (02) 9653 2697
arcadia-p.school@det.nsw.edu.au <https://arcadia-p.schools.nsw.gov.au/>

K-6 CROSS COUNTRY CARNIVAL 2023

Dear Parent/Guardian,

Our annual school Cross Country Carnival will be held in Term 2. All families are invited to watch the carnival, cheer on the children and join us for a picnic lunch at the conclusion of the events.

DATE: Friday 5 May 2023 – Term 2, Week 2 (wet weather backup date of Friday 12 May)
VENUE: Arcadia Public School Oval
TIME: 11:30am – 1:30pm

The Class 3/4 Parents will be co-ordinating a BBQ lunch and cake stall on the day. An order form for family lunch orders will be sent home in the first week of Term 2.

We are also seeking several parent volunteers to assist as course marshals. If you are available to help out, please indicate this on the permission note attached. You will still be able to watch and support your child during their race.

WHAT TO BRING / WEAR

Recess and munch/crunch as usual
Drink bottle
Ventolin
Sunscreen

School sport uniform
School hat
Appropriate sport footwear
House team colour streamers (optional)

ORDER OF EVENTS

One lap of the course has been measured at 1000m. There will be 6 events on the day as follows:

1. 6 years and under	boys/girls	Half a lap
2. 7 year old	boys/girls	One lap
3. 8 & 9 years old combined	boys/girls	Two laps
4. 10 year old	boys/girls	Two laps
5. 11 year old	boys/girls	Three laps
6. 12 & 13 years old combined	boys/girls	Three laps

Please complete and return the attached student permission note by Tuesday, 2 May 2023.

Kind regards,

Mrs Lacey
Cross Country Co-ordinator

Mrs Pattison
Principal



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PERMISSION NOTE – ARCADIA PUBLIC SCHOOL K-6 CROSS COUNTRY CARNIVAL 2023

I hereby give consent for my son / daughter (below) to compete in the Arcadia Public School Cross Country carnival to be held on the school grounds on Friday 5 May 2023 (*backup date Friday 6 May*)

Name _____ Class _____

Name _____ Class _____

Name _____ Class _____

Special needs of my child/ren which you should be aware (e.g. allergies, medication, etc)

To the best of my knowledge, he/she has no medical condition, disability or injury which puts him/her at risk in participating in this sport activity.

Signed (parent) _____ Date _____

Parent/Family Volunteer:

I can volunteer to be a marshal on the day. Name: _____

I have completed a NSW DoE Declaration For Volunteers & Non Child Related Contractors form. (www.education.nsw.gov.au OR available from the front office)

Please contact the office with any questions. **Return form to school by Tuesday, 2 May 2023.**