



# Beaumont Hills Public School

The Parkway, Beaumont Hills NSW 2155

(e) beaumont-hills-p.school@det.nsw.edu.au (w) beaumont-hills-p.schools.nsw.gov.au (p) 8824 6470 (f) 8824 6473

8 February, 2019

## YEAR 1 & 2 PERMISSION NOTES TERM 1, 2019

Dear Parent/Caregivers,

In order to streamline the permission note process we have combined all permission notes on the one note. Please see the attached note explanation for each permission note.

Extra-curricular activities will be on a separate permission note and payment for these will not be included on the account and will need to be paid separately. Example: If your child is chosen for Dance group it may be an additional \$60.00 and if they are chosen for PSSA sport it will be an additional \$45.00.

If you are having difficulty paying your account please contact Mrs Selwood - School Administration Manager to arrange a payment plan.

Please return all signed notes with your payments to the School Administration Office **no later than Friday 1 March, 2019.**

Regards

**Mrs Selwood**  
Admin. Manager

**Ms Welsh**  
Principal

### BEAUMONT HILLS PS - CROSS COUNTRY CARNIVAL 8 – 13 YEARS - PERMISSION NOTE

**This refers to Year 2 students turning 8 in 2019**

I give permission for my child ..... of class ..... to participate in the:

- Practice walks during weeks 9 or 10 (1 April – 8 April, 2019)
- The 8 - 13 year old Cross Country on Tuesday 9 April, 2019
- The backup cross country (Thursday 11 April, 2019) if needed due to weather or other factors

I understand the course is in the school grounds and up to and around the grounds at Turkey's Nest.

Please return this section to the School Administration Office **no later than Friday 1 March, 2019.**

Signed: ..... Parent/Caregiver Date: .....

### PARENT VOLUNTEERS REQUIRED

I am able to assist on the Carnival Day

Name: ..... Contact Phone Number: .....

**BEAUMONT HILLS PUBLIC SCHOOL - HARMONY DAY INCURSION**

I give permission for my child ..... of class ..... to attend the Harmony Day Cultural Incursion on Thursday 21 March, 2019. I understand the cost of this activity is **\$13.00**. Please return this section with Term 1 account payment to the School Administration Office **no later than Friday 1 March, 2019**.

Signed: ..... Parent/Caregiver      Date: .....

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**BEAUMONT HILLS PUBLIC SCHOOL - ACTIVITIES INVOLVING FOOD**

I give permission for my child.....of class ..... to be involved in class activities involving food. This excludes any activities that include the ingredients listed below.

**Allergy alert please tick:**

- I confirm my child does **not** have any food allergies or cultural beliefs that prevent them from participating in class activities involving food.
- I confirm my child **does** have food allergies or cultural beliefs that prevent them from participating in activities with the following ingredients (please list below):  
.....  
.....
- I am aware that I need to inform the school if the information on this form changes at any time due to new diagnoses.

Please return this section to the School Administration Office **no later than Friday 1 March, 2019**.

Signed: .....Parent/Caregiver      Date: .....