Dear Parents

Each Friday afternoon, tennis is offered as a sport to students in Years 3, 4, 5 and 6 who are not participating in school teams.

Supervised by a staff member, the children walk to and from the courts at Fenton Avenue where tennis coaches provide activities for one hour.

The cost of this lesson is $7.00 per week paid on a weekly basis. Racquets are available for hire at 50c. Children who commence this program are expected to attend each Friday. The program will run from Friday 14th February up to and including Friday 14th of March 2014.

Children are expected to return to school after tennis. If there is a need to pick your child up from this activity, you would have to sign them out at school first and then present the slip to the teacher taking the activity. This is in accordance with the school’s attendance policy.

Students wishing to participate in tennis must return the attached permission slip as soon as possible. Notes will be collected at the morning assembly.

There are a maximum of 60 places available in tennis, therefore the children who return their notes first will gain the places. Any child absent on the day of distribution of this note will not be disadvantaged.

Those children who successfully gain places in tennis must bring their money and racquets each Friday. A list of students who have gained places will be posted on the external whiteboard on the stage in the 3-6 playground closer to the start date.

Natalie Skinner        David Roffe
Sports Co-ordinator                  Principal

CARINGBAH NORTH PUBLIC SCHOOL

 TENNIS

I give permission for my child _____________________________________________ class ___________ to attend tennis on Friday afternoons from Friday 14th February up to and including Friday 14th of March 2014.

I understand that the students will walk to and from tennis accompanied by a teacher.

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.

In the event of illness or injury I authorise the seeking of such medical assistance on my behalf that my child may require.

Signed ___________________________ Parent/Guardian               Date ____________________