



Dungowan Public School

137 Ogunbil Road, Dungowan, NSW, 2340
Email: dungowan-p.school@det.nsw.edu.au
Phone: 02 6769 4259 Fax: 02 6769 4342

Tuesday, 9 March 2021

Tamworth High – Partner Primary Schools **Experience Day** **Monday, 29 March 2021**

Dear Parents/Carers,

Dungowan Public School has been invited to Tamworth High School for an experience day around the school.

This is a great experience to be involved in as Dungowan Public School is a Partner Primary School. This day will include Cake/Cookie Decorating, Sports Challenge on the Oval and visiting the Ag Farm.

Travel will be by bus: leaving Dungowan PS at 9:15am and returning by 2:30pm.

Location: Tamworth High School

Requirements: School Sport Uniform, hat and water

Morning Tea and Lunch will be provided by Tamworth High: Popper, fruit, snack & Sausage Sizzle

There will be no cost to this excursion.

Kerri-Anne Hubble
Principal



Please return by Monday, 15 March 2021

"Parents please note there is no personal injury insurance cover provided by the NSW Department of Education and Training for students in relation to school sporting activities, physical education classes or any other school activity. Parents and care givers are advised to assess the level and extent of their child's involvement in the sport program offered by the school, school sport zone, area and state school sport associations when deciding whether additional insurance cover, above that provided by Medicare, is required. Personal accident insurance cover is available through normal retail insurance outlets.
The NSW Supplementary Sporting Injuries Benefits Scheme, funded by the NSW Government, covers any injury resulting in the permanent loss of a prescribed faculty or the use of some prescribed part of the body."

Tamworth High – Partner Primary Schools **Experience Day** **Monday, 29 March 2021**

I give permission for my child _____ to participate in the Tamworth High Experience Day, on Monday, 29 March 2021.

I understand that travel will be by bus.

My son/daughter/ward has the following special needs (please provide details and include and relevant medical details) _____

I do/do not give permission for my child to receive medical treatment in case of emergency.

Signed _____

Dated _____



Education