



FAIRVIEW HEIGHTS STATE SCHOOL

"Growing Together, Learning Forever"



Primary Campus
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Principal:
Deputy Principal:
Business Services Manager:
SEP HOSE:

Julie Raitelli
Gary Pascoe
Jeanette Jurgs
Mark Postle

21 July 2017

CONGRATULATIONS!

You have been selected to represent Fairview Heights State School at the West Zone Athletics Carnival on **Tuesday 15 August to be held at O'Quinn St Oval.**

You have been selected in the following events-

Relay

100/80m

High Jump

Long Jump

Shot Put

Discus

800m

200m

Multi

Please inform Mr Aston immediately if you are unable to attend or unable to compete in a certain event. You are expected to participate in training, especially relays. Training should also be completed at home as well if possible. A training schedule is attached.

N.B. Any students who receive a referral (B.I.F) for a "major" behaviour in Term 3 will not be eligible to attend the West Zone carnival.

A bus will leave from the school at **7:45am**. The bus will return to school after the events at approximately **3.00pm**.

Cost for each competitor is **\$ 6.00**. FHSS Refund Policy applies. Programs are free and will be sent to the school closer to the carnival. An outline of event times is attached.

Please ensure that children are wearing the school uniform, appropriate footwear, a hat and have a water bottle. Students will also need food for the day, there may not be any canteen operating. Please return the accompanying permission form and money to the school office by Friday 14 August

Regards,

Alistair Aston **Physical Education Teacher**



WEST ZONE ATHLETICS CARNIVAL – Tuesday 15 August

NAME: _____

CLASS : _____

I give permission for my son/daughter to travel;



by bus to O'Quinn St Oval and private transport home **OR**
by bus to and from O'Quinn St Oval

and to participate in the West Zone Athletics Carnival on Tuesday 15 August.



I have enclosed \$6.00 cash **OR**




Eftpos **OR**



Please take this amount from my child's Cash Advance(Slip must come through the office) **OR**



Paid by  (As per invoice – emailed to Parents)

I acknowledge that the Department of Education & Training does not have Personal Accident Insurance cover for Students.

Signed _____(Parent/Guardian)

Date _____