



# Seven Hills West Public School

Respectful, Safe, Responsible Learners

## PSSA Inter-schools Sports Competition: Junior and Senior AFL

Dear Parent/Caregiver,

As your child is a member of the PSSA AFL team a second **payment of \$35** for buses is now due for this Terms 3 & 4 competition. The dates are as follows:

### Term 3 & 4 Dates:

Friday 20 <sup>th</sup> September 2019 (Week 9, Term 3)	Friday 27 <sup>th</sup> September 2019 (Week 10, Term 3)	Friday 18 <sup>th</sup> October 2019 (Week 1, Term 4)
Friday 25 <sup>th</sup> October 2019 (Week 2, Term 4)	Friday 1 <sup>st</sup> November 2019 (Week 3, Term 4)	Friday 8 <sup>th</sup> November 2019 (Week 4, Term 4)
Friday 15 <sup>th</sup> November 2019 (Week 5, Term 4)	Friday 22 <sup>nd</sup> November 2019 (Week 6, Term 4)	

**Where:** Ashley Brown Reserve, Burke Road, Lalor Park

**Time:** 9am to 11am approx.

**Cost:** **\$35.00 per term**

**Uniform:** **ALL STUDENTS MUST have a fitted mouthguard to play.** Students are required to be in full sports uniform, including a school hat. If students have studded boots it is recommended that they wear them. Studded boots **ARE NOT** to be worn all day – please change at school. **Please make sure that your child has at least 500mL of water in a refillable bottle.**

Your permission for your child to attend was attained in the permission note from Term 1 and therefore we only require payment for your child to continue in the competition.

Please return the note with payment no later than **Friday 20<sup>th</sup> September 2019.**

Attendance at this event is dependent upon behaviour and is at the discretion of the school executive.

If you require a payment plan, to pay PSSA in three-week instalments, please contact the school office.

This activity has the approval of the Principal.

Ms K Becker  
Principal  
09.09.2019

Mrs S Barber  
AFL Coach





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## SEVEN HILLS WEST PUBLIC SCHOOL

### PSSA Inter-schools Sports Competition: Junior and Senior AFL

I have made payment for my child ..... of class .....

- Enclosed is \$35.00 to cover cost of **Terms 3 & 4 participation.**
- I have made an online payment with Receipt Number .....
- My child has the following special medical/dietary needs:  
.....

Signature: .....

Parent/Caregiver

Date: .....

