

Term 3, 2017

Junior –Year 2

26th June, 2017

Dear Parent/s,

Each term teachers plan, as part of our comprehensive curriculum, activities that enrich the learning experience for students. These activities sometimes incur a cost beyond that included in the annual curriculum contribution paid at the beginning of the year. Apart from extra-curricular activities such as Camps and Swimming it is expected that these will be the only curriculum costs for families this term.

Please find below the Term Three collection for enrichment activities for your child's class. This term we have also attached, for your convenience, permission notices for each of these activities.

Families eligible for the State Government payment through the **Camps, Sports & Excursion Fund** may choose to allocate a portion of their funds toward payment for these activities.

PERMISSION SLIPS AND PAYMENT FOR THESE ACTIVITIES IS DUE ON FRIDAY 21st July. Unfortunately students will not be able to participate in these activities if payment is not made.

Thank you for your cooperation.

Daniel Gooding

۶....

Learning Enrichment Activities, Term Three

Students Name: _____

Class: _____

Cas	h 🗖	Cheque 🗖	Eftpos	tpos 🗖	Direct Deposit Direct Deposit Details Kilsyth Primary School BSB: 313 140 Account #: 23183981 Ref: <i>(Child Surname, First name) L2T3 Levy</i>	
	Junior Tribes night Incursion-Mrs Sargood Hooptime				\$6.00 \$4.00 \$5.00	
		TOTAL			\$15.00	
	Please u	se my CSEF fur	nds Si	gnature:	Date	



Kilsyth Primary School Durham Road Kilsyth, VIC 3137

Ph: 03 9725 4320 Fax: 03 9725 4865 Email: kilsyth.ps@edumail.vic.gov.au

23 Jun 2017

Dear Parent/Carer,

In preparation for camp in Middle and Senior School, the **Year 2s** have a sleepover at school. Students return to school at 5:00pm and participate in activities, have dinner and go for a night walk with the Year 1 students. Year 1 students go home at 8:30 and Year 2 students stay for the night. After breakfast students are picked up at 8:30am on the Saturday morning. Students can get changed for bed, and again in the morning, in the privacy of the bathroom. Please speak to you class teacher if there are any questions, or anxiety, about this night.

DATE: Friday 1st September till Saturday 2nd September, 2017

ACTIVITY: Junior Tribe Sleepover

VENUE: BERBs Building Kilsyth Primary School

TIME: 5:00pm - 8:30am.

WEAR: Free Dress.

COST: \$6:00.

BRING: NAMED!! Sleeping bag, mattress and pillow, toothbrush and toothpaste, pjs, clothes for the morning, torch for night walk

NOTE: Please return permission note to Classroom Teacher by Friday 21st July

Please return permission slip and payment to Classroom Teacher by Friday 21st July

Yours sincerely

Karen Black for Junior Team

Mr Gooding

I give permission for ________to attend the Junior Tribes Sleepover at KPS on Friday 1st September, 2017 at a cost of \$6:00 Signed (parent/carer):_______Date:______ Parent's daytime contact no.: ______ Please list any medical conditions we need to be aware of in relation to this activity:



Kilsyth Primary School

Durham Road Kilsyth, VIC 3137

Ph: 03 9725 4320 Fax: 03 9725 4865 Email: kilsyth.ps@edumail.vic.gov.au

23 Jun 2017

Dear Parent/Carer,

As a part of our History unit 'Past and Present - School Life' we are participating in an old fashioned school day at KPS. We will have a lesson taken by Mrs Sargood (a teacher with the National Trust). Along with looking at the rules, and punishments, from school 100 years ago the students will participate in a writing lesson using old fashioned nib and ink pens. Students are encouraged to come dressed in olden day clothes (ie. skirt and apron for girls, pants and checked shirt, braces etc for boys) for an authentic experience.

DATE: Wednesday 9th August

ACTIVITY: Mrs Sargood

VENUE: Kilsyth Primary School

TIME: 9:00 - 3:30

WEAR: olden day clothes.

COST: \$4:00

NOTE: Please return permission note to Classroom Teachers} by Friday 21st July

Yours sincerely

Karen Black Junior Teacher Daniel Gooding Principal

Please return permission slip to Classroom Teacher by Friday 21st July

l give permission for Mrs Sargood at KPS on Wednesday 9th August, 2017 at a cost o	of \$4.00.	to attend the
Signed (parent/carer):	Date:	
Parent's daytime contact no.:		
Please list any medical conditions we need to be aware of in rela	ation to this activity:	



22 Jun 2017

Kilsyth Primary School

Durham Road Kilsyth, VIC 3137

Ph: 03 9725 4320 Fax: 03 9725 4865 Email: kilsyth.ps@edumail.vic.gov.au

2017 HOOPTIME JUNIOR

Dear Parent/Carer,

Hoop-time is an Australia-wide initiative with the state basketball agencies, which aims to provide a unique and exciting one-day basketball round robin 'experience' for primary school aged children. Game-play is supervised by qualified referees. Students have been placed into (mostly) mixed teams, in order to best meet the required grading restrictions. Students will compete against teams from other local schools. Parents are most welcome to attend, and if your are able to help on the day can you please fill out the notice below. Thanks in advance to those parents who can help - events like Hoop-time could not run successfully without your generous support. Students will walk to and from the Kilsyth Basketball Stadium with the Junior School Team.

DATE: Friday, 4 August 2017

VENUE: Kilsyth Basketball Stadium

TIME: 9:30am-2:30pm

FINISH: Students will walk back to school with the Junior School Team.

NEED TO PROVIDE: Appropriate school uniform, snacks, lunch, water bottles, and a good team spirit. (raincoat or umbrella for walking) (basketball tops provided if needed)

COST: \$5.00 per student. Please send correct money and permission slip to office by Friday 21st July 2017

Yours sincerely

Kiralee Molnar Physical Education Teacher Daniel Gooding Principal

[b]Please return permission slip and money (\$5) to school office I I give permission for Junior School at Kilsyth Basketball Stadium on Friday, 4 August	class	
In the event of any illness or accident, I authorise the teacher in a impracticable to communicate with me, to the child receiving such necessary, and accept responsibility for payment of any expense	n medical or surgical tre	
Signed (parent/carer):	Date:	
Parent's daytime contact no.:		

Please list any medical conditions we need to be aware of in relation to this activity:

YES! I can help - Name: _	
Child's name:	
Page 1 of 1	Printed on: 22 June, 201