



Year 5

27th March, 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, Swimming and Wakakirri, it is expected that these will be the only curriculum costs for families this term.

As part of our Performing Arts program in Term 3 2017 we will be holding our whole school production. All students will participate in rehearsals and lead up events. A small levy of \$10 will be charged in both Term 1 & 2 to contribute to this learning program.

Please find below the Term Two 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.

PERMISSION SLIPS AND PAYMENT FOR THESE ACTIVITIES IS DUE ON FRIDAY 28th April 2017.

Unfortunately students will not be able to participate in these activities if payment is not made.

Thank you for your cooperation.

Daniel Gooding

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Learning Enrichment Activities, Term Two

Students Name: _____

Class: _____

Cash ☐ Cheque ☐ Eftpos ☐

Direct Deposit ☐ Receipt Number: _____

Direct Deposit Details

Kilsyth Primary School

BSB: 313 140 Account #: 23183981

Ref: (Child Surname, First name) L4T2 Levy

Term 2 Interschool Sport	\$15.00
Whole School cross country	No cost
School Production (2nd of 2 instalments)	\$10.00
Year 5 Discovery Day-Lilydale Heights	No cost
-Yarra Hills	No cost

TOTAL	\$25.00
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☐ Please use my Centerpay Signature : _____ 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 Mar 2017

WHOLE SCHOOL CROSS COUNTRY

Dear Parents/Guardians

Our Whole School Cross Country will take place on Tuesday 2nd May at Elizabeth Bridge Reserve. Students are to wear their house colours.

We encourage you to come and support the students if you can.

Helpers are needed on the day so if you are available please see Mrs Molnar or leave your name at the office.

DATE: 2nd May 2017

ACTIVITY: Whole School Cross Country

VENUE: Elizabeth Bridge, Kilsyth

TIME: Year 3-6 - 11.50am-12.30am
Foundation - 2 - 12.30am-1:00pm

WEAR: House Colours - Ovens - Red, Snowy - Yellow, Tambo - Blue, Goulburn - Green

COST: No Cost

Yours sincerely

Mrs Kiralee Molnar
Physical Education Teacher

Mrs Sabrina George
Acting Principal



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23 Mar 2017

INTERSCHOOL WINTER SPORTS

Dear Parent/Guardian

Term 2 Winter Sports will commence on the 5th May 2017. Kilsyth PS will be participating in Netball - Girls, Netball - Open (Boys & Girls) Aussie Rules, Volleyball - Modified version, Soccer
All home games will be played at Kilsyth PS and Elizabeth Bridge Reserve (12th May, 19th May (bye), 2nd June, 9th June

Our Away games will be:

5th May - Lilydale West

26th May - Billanook/Gladesville

16th June - Chimside Park

We invite you to support these games as spectators. If you are able to assist in coaching any teams please contact your child's teacher or Mrs Molnar.

DATE: 5th May, 12th May, 19th May(BYE), 26th May, 2nd June, 9th June, 16th June,

ACTIVITY: Interschool Sport Winter

TIME: Home Games 9:00am-11:00am / Away Games: 8.45am - 11:30am

WEAR: Appropriate sports attire - runners, drink bottle,

COST: \$15 per student. Please bring correct money.

NOTE: Please return permission note to office by **Friday 29th April**.

Yours sincerely

Kiralee Molnar
Physical Education Teacher

Sabrina George
Acting Principal

Please return permission slip and money (\$15) to the office by Friday 29th April

I give permission for _____ of _____ to attend Interschool Summer Sports at the nominated sports grounds on the above dates.

In the event of any illness or accident, I authorise the teacher in charge of the sporting event to consent, where it is impracticable to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary, and accept responsibility for payment of any expense thus incurred.

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: _____ Class: _____



KILSYTH PRIMARY SCHOOL

YEAR 5 DISCOVERY DAY AT LILYDALE HEIGHTS COLLEGE

THURSDAY 27TH APRIL 2017

As part of our transition program **Year 5** students have been invited to visit Lilydale Heights College to participate in a morning of activities that sample a range of secondary school subjects.

The day aims to introduce students to the school, some of the teachers, and getting accustomed to being in a high school setting. All students will benefit from the experience, regardless of the school they are planning to attend next year.

DATE:	Thursday 27th April
COST:	NO COST
RETURN PERMISSION FORM BY:	Tuesday 18 th April
TIME STUDENTS REQUIRED AT SCHOOL:	Students meet at our school at usual time 9am
TIME OF DEPARTURE:	9.10am
TRAVEL ARRANGEMENTS BY BUS TO:	Lilydale Heights College
TIME OF DEPARTURE FROM VENUE:	12:45pm
TIME EXPECTED TO RETURN TO SCHOOL:	1:15pm
CLASSES PARTICIPATING:	YEAR 5 students from Senior A,B & C
PROPOSED STAFF & SUPPORT STAFF ATTENDING:	Fiona Meilak, Wendy Turner, Beck Hambly
STUDENTS WILL NEED TO PROVIDE:	correct school uniform (a snack and drink will be provided on the day)

Signed _____

Signed _____

Sabrina George (Principal)

(Teacher in charge of excursion)



EXCURSION PERMISSION FORM

(please tear off and return to your teacher by the above date)

I have read and understood the information relating to the excursion to **Year 5 Discovery Day at Lilydale Heights SC** visit on Thursday 27th April, 2017

and give permission for my child _____ in Class _____ to attend.

In the event of any illness or accident, I authorise the teacher in charge of the excursion to consent, where it is impracticable to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary, and accept responsibility for payment of any expenses thus incurred.

Relevant medical information for my child: _____

The contact telephone number I will be available on Thursday 27th April _____

Signature of Parent/Guardian _____ Date _____



KILSYTH PRIMARY SCHOOL

YEAR 5 EXPLORATIONS DAY AT YARRA HILLS SC

THURSDAY 20TH APRIL, 2017

As part of our transition program **Year 5** students have been invited to visit Yarra Hills Secondary College to participate in a morning of activities based around the environmental awareness program 'Earth Day'.

The day aims to introduce students to the school, some of the teachers, and getting accustomed to being in a high school setting. All students will benefit from the experience, regardless of the school they are planning to attend next year.

DATE:	Thursday 20th April
COST:	NO COST
RETURN PERMISSION FORM BY:	Monday 31st March
TIME STUDENTS REQUIRED AT SCHOOL:	Students meet at our school at usual time 9am
TIME OF DEPARTURE:	9.10am
TRAVEL ARRANGEMENTS BY BUS TO:	Yarra Hills SC
TIME OF DEPARTURE FROM VENUE:	12pm
TIME EXPECTED TO RETURN TO SCHOOL:	12.30pm
CLASSES PARTICIPATING:	YEAR 5 students from Senior A,B & C
PROPOSED STAFF & SUPPORT STAFF ATTENDING:	Karen Donnelly, Wendy Turner, Beck Hambly
STUDENTS WILL NEED TO PROVIDE:	snack, lunch, drink bottle, correct school uniform

Signed _____

Signed _____

Sabrina George (Principal)

(Teacher in charge of excursion)



EXCURSION PERMISSION FORM

(please tear off and return to your teacher by the above date)

I have read and understood the information relating to the excursion to **Year 5 Explorations Day at Yarra Hills SC** visit on Thursday 20th April, 2017

and give permission for my child _____ in Class _____ to attend.

In the event of any illness or accident, I authorise the teacher in charge of the excursion to consent, where it is impracticable to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary, and accept responsibility for payment of any expenses thus incurred.

Relevant medical information for my child: _____

The contact telephone number I will be available on Thursday 20th April _____

Signature of Parent/Guardian _____ Date _____