PSSA Girl’s Soccer 4th Round.
Wauchope P.S. vs North Haven P.S.

Dear Parent/Caregiver,

Your child has been selected in the Wauchope Public School girls’ soccer team. The following information gives details of the arrangements made for their next game.

**Venue:** Tuffin's Lane Soccer Field, Port Macquarie

**Date:** Thursday 23 July 2015

**Time:** Kick-off at 12 noon. We will leave school at 11am. Students will return to school by 2pm.

**Transport:** Private transport is required. Those parents transporting children other than their own must provide evidence of their current driver’s licence, registration and comprehensive motor vehicle insurance (indemnifying the crown - GIO & NRMA automatically do this) to the principal by Tuesday 21 July 2015.

**Cost:** $2 for referees

**Food/Drink:** Students should bring a water bottle, lunch and a snack.

**Uniform:** Your child is expected to wear the correct school uniform and school hat. She will need to bring soccer boots, shin pads, soccer shorts (preferably blue) and soccer socks (preferably blue and red). Your daughter can borrow these from Mr. Baker.

Children who have not been displaying satisfactory behaviour may at the Principal's discretion not be eligible to represent Wauchope Public School at sporting events.

Please sign the permission note below. Return note to Mr Baker by Tuesday 21 July 2015.

__________________________
Coach

__________________________
Principal

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**PSSA Soccer – Round 4**

I give my child ________________ of class ______ permission to travel by private transport Tuffin's lane Soccer Field, Port Macquarie on Thursday 23 July 2015 compete in Round 4 of the PSSA soccer.

We will leave school at 11am and return by 2pm from Tuffin's Lane, Port Macquarie.

I am able to assist in transporting my own child (yes/no) and ______ other children.

My child will require a lift. (yes/no) ______.

My child would like to borrow a school hat. (circle)

My daughter would like to borrow sports socks. (circle)

My daughter has the following special needs (please provide full details and include any relevant medical details) __________________________

__________________________
My phone numbers are: (H)________________________ (M)________________________

__________________________
Parent Signature

__________________________
Date