



Manilla Central School

Postal Address: PO Box 187 MANILLA 2346

High School
Wilga Ave MANILLA 2346
Phone: 6785 1184
Fax: 6785 2138

Primary School
Court St MANILLA 2346
Phone: 6785 1599
Fax: 6785 1705



Dear parent/carer

The annual **Manilla Central School Swimming Carnival** at **Manilla Memorial Pool** will be held on **Friday 16th February 2024**.

The carnival is a whole school event and it is expected that **all secondary students** attend the day. **Primary students turning 8 and over are invited to compete**. Parents and carers are welcome to attend.

The carnival will cost **\$3.50 for pool entry (if students do not hold a season pass)**

Students will depart from **Manilla Central School** at **9:15 am**

Students will return to **Manilla Central School** at **3:00 pm**

Students will walk to and from the pool

The students will be supervised by staff members:

Secondary: all teaching staff

Primary: Mr Scott, Mr Ward, Miss Carrigan and Ms Beale

Students will need to bring the following items:

- Water and lunch or money for sausage sizzle
- Towel, hat, swimmers and sunscreen
- Students are asked to wear sport uniform or their house colours which are:

ADARA – Orange

SIRIUS – Purple

ZEMOS – Aqua

Additional Information

Please complete the attached nomination form if your child wishes to compete in any event/s.

Students **may** bring mobile phones to the carnival and are required to comply with our Yondr Mobile Phone Policy. Manilla Central School takes no responsibility for any loss or damage.

Swimming or water activities advice

The carnival will involve swimming or water activities. Please read and sign the attached "swimming or water activities form".

Privacy advice

The NSW Department of Education is collecting the information requested on this form. The information is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about your child who is currently enrolled at the school and who may participate in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with Manilla Central School.

The school will use this information to plan, support students, and minimise risks when conducting the school excursions or other related school activities.

Other persons or agencies that may be provided with this information include, but are not limited to, volunteers and members of external organisations who join with the school or are otherwise involved in planning or delivering the excursion, sporting or other school activity; and persons that may be called on to provide health care treatment or other assistance during or as a consequence of such excursions or activities.

Provision of this information is voluntary, however, if you do not provide all or any of the information requested, your child cannot participate in the excursion. In such circumstances, the school will make available a sound alternative educational experience.

Provision of this information will significantly assist the school in planning a safer educational activity. It will be stored securely. If you have any concerns about provision of this information, please contact the school principal to discuss further.

You may correct any personal information provided at any time by contacting the school office on 67851184.

Shane Kelly
Principal
Date: 12/02/2024

Danielle Jones
Coordinator

Dale Scott
Coordinator

Please complete the attached consent and return to **the office** by Thursday **15th February 2024**



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Manilla Central School Excursion Consent Form

I consent to (student name) _____ of year _____
participating in the annual **Manilla Central School Swimming Carnival** at **Manilla Memorial Pool** the **Friday 16th February 2024**.

Please tick

Medical Information Form (attached) is completed

Swimming/water activity advice form (attached) is completed

Nomination for events (attached) is completed

I consent to my child receiving medical treatment in the case of an emergency

Enclosed is \$3.50 (please pay to the office) or my season pass is _____

Parent/Carer full name: _____

Parent/Carer signature: _____ Date: _____

Nominations for the 2024 Swimming Carnival
(Please return this note to your child's class teacher or the office)

Name: **Age turning this year:** **House:**

Please tick the races you are going to swim in at the carnival.

FREESTYLE ___50m ___100m ___200m ___400m (serious competitors only)

BREASTROKE ___50m ___100m

BACKSTROKE ___50m ___100m

BUTTERFLY ___50m

INDIVIDUAL MEDLEY ___200m

RELAY ___4x50m

NOVELTY ___

Please return the following note by **Thursday 15th February 2024**