The Active After School Sports program is conducted at Singleton Public School. This program is funded by the Australian Sports Commission so there is no cost to the students. Activities and afternoon tea are provided to all students who participate. The program runs for two afternoons per week - Monday and Thursday, from 3:10 pm to 4:10 pm. The children will have afternoon tea and from 3:10-4:10 pm they will participate in sporting games. In Term 1, this program will run from Week 3 to Week 9 with the first session to start on Monday, 10th February.

The focus of the Active After Schools program will be on participation and enjoyment. It is open to all children, no matter what age or skill level. As this is organised by the school, normal school rules and discipline will apply. The sessions will be fully supervised and trainers will be provided by the Australian Sports Commission. The children meet near the Support Unit Playground after the bell rings on Monday and Thursday. Please note that for Term 1, the AASS program will only be open to students in Years 1-6. From Term 2 onwards, Kindergarten students can then participate in the program.

Please complete the permission slip below and return to school as soon as possible if you wish your child to take part in this positive sports program in 2014.

Joel Andrews
Active After Schools Coordinator

*Please bring appropriate footwear to change into for the afternoon activities.

Active After School Sport (please return to school office)

I give permission for my child/ren listed below to attend and participate in the activities of the Active After School Sports Program on Monday and Thursday afternoons at Singleton Public School in 2014. The attendance times are from 3:10 pm until 4:10 pm SHARP.

Child’s Name: ................................................................. of class ........................................

Child’s Name: ................................................................. of class ........................................

Child’s Name: ................................................................. of class ........................................

Emergency Contact Phone Numbers: .............................................................
.............................................................

Does your child have any health or medication issues? Yes / No

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Parent’s Name: ........................................................................

Signed ........................................... Date ...........................................