



WEST PYMBLE PUBLIC SCHOOL

24 February, 2020

LIFE EDUCATION PROGRAM – HEALTHY HAROLD

Dear Parents/Carers,

We are once again fortunate to be able to participate in the Life Education Program which enhances the development of healthy lifestyles. This program is highly recommended by the students and staff complementing work undertaken in the PD/H/PE curriculum and **will be used for ongoing class programs**. We urge you to attend the Parent Information Session on Monday 16 March at 2:00pm to find out more about this invaluable program.

Please return the signed permission note to your classroom teacher by Friday 13 March. The cost for this activity is \$12.00 and will be included in your Term 1 invoice.

Session times at present are as follows:

| Monday 16 March | | Tuesday 17 March | | Wednesday 18 March | |
|------------------|----------------|------------------|-------|--------------------|------|
| 9:30am - 11:00am | 5/6H | 9:30am - 11:00am | 5/6SL | 9:30am - 11:00am | 3/4B |
| 12:15pm - 1:45pm | 3/4F | 12:15pm - 1:45pm | 3/4N | 12:10pm - 1:10pm | 2B |
| 2:00pm - 3:00pm | Parent Session | 2:00pm - 3:00pm | KSB | 2:00pm - 3:00pm | 1K |

| Thursday 19 May | | Friday 20 March | | |
|------------------|-------|-------------------|------|--|
| 9:30am - 11:00am | 5/6Y | 9:15am - 10:15am | 1/2F | |
| 12:15pm - 1:45pm | 3/4OH | 10:30am - 11:30am | 1/2W | |
| 12:05pm - 1:05pm | KG | | | |
| 2:00pm - 3:00pm | K/1E | | | |

Ms Bronwyn Wilson
Principal

Mrs Kerry Elliott
Co-ordinator

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Please detach and return to your class teacher on or prior to Friday 13 March 2020

PERMISSION NOTE – LIFE EDUCATION PROGRAM

I give permission for _____ of class _____ to attend the Life Education program. I understand that the cost for this activity is \$12.00 and will be included in my Term 1 Statement of Account.

Signed: _____
Parent/Caregiver

Date: _____

I will be attending the **parent session** on Monday 16 March from 2:00pm - 3:00pm

(Please circle one)

YES

NO