



## THE OAKS PUBLIC SCHOOL

5 Burragorang Street

The Oaks 2570

Phone: (02) 46571185

Fax: (02) 46571704

Email: theoaks-p.school@det.nsw.edu.au

20/9/17

Dear Parents and /or Caregivers,

As part of K-2 Road Safety Unit of work for Term 4, we have organised a 'Road Awareness Program' to come to our school on Friday 27<sup>th</sup> October, 2017. This is an exciting program that includes simulated traffic signals, pedestrian crossings and mini cars that enable children to experience 'real traffic' situations whilst being closely supervised and instructed. The children work in groups, rotating round the activities and allowing all the opportunity to participate. Reinforcement of road safety practices is provided by worksheets relating to the outcomes of traffic situations, both real and imagined.

There will be 4 sessions throughout the day, each running for 60 minutes. Some children may combine with other K-2 classes to form the appropriate groups.

Students will need to wear their sports uniform and joggers for ease of movement on the day.

Please fill out the permission slip attached and return it with payment of \$9.00 to the 'frog mouth' in the front office, on or before **Wednesday 18<sup>th</sup> October**. **ABSOLUTELY NO LATE PAYMENTS CAN BE ACCEPTED.**

Student assistance may be available, to help with payment for this incursion, for families experiencing hardship. Please contact the front office.

Thank You

Mrs Godkin  
(Relieving Principal)

Mrs Aldridge  
Coordinator  
(Relieving AP)



### K-2 Road Awareness Program for Kids 27/10/17



Name: \_\_\_\_\_

Class: \_\_\_\_\_

I give permission for my child to attend the Road Safety Awareness Program for Kids on Friday the 27<sup>th</sup> October 2017.

Please find enclosed \$9.00 to cover the cost of this incursion.

Please note that EFTPOS facilities are available to use at reception during office hours.

☐

I have enclosed \$9.00 as payment for this incursion.

☐

I have made an online payment. My receipt number is \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Date

PLEASE RETURN SLIP AND MONEY **NO LATER THAN WEDNESDAY 18<sup>TH</sup> OCTOBER 2017**