



**LEURA PUBLIC SCHOOL**  
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 Leura, 2780  
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*respect*

*responsibility*

*resilience*

Thursday 23<sup>rd</sup> May 2024

**PERMISSION NOTE**

**LIFE EDUCATION – HEALTHY HAROLD VAN ON SCHOOL GROUNDS**

Return permission note and payment to Leura Public School office by Friday 31<sup>st</sup> May 2024  
 Please note: LATE PAYMENTS MAY NOT BE ACCEPTED

**Life Education – Healthy Harold Van on School Grounds**

**Event Date: Tuesday 4<sup>th</sup> June – Friday 7<sup>th</sup> June 2024**

Payments can be made online, or by cash to LPS front office

For payments online enter **Payment Description: Life Education**

**Payment Amount: \$12.00**

**Permission Note & Payment Due: Friday 31<sup>st</sup> May 2024**

Please note late payments MAY NOT be accepted.

**Student Name:** \_\_\_\_\_ **Class:** \_\_\_\_\_

I give permission for my child to participate in the **Life Education Workshops, Healthy Harold Van on School Grounds** between **Tuesday 4<sup>th</sup> June – Friday 7<sup>th</sup> June 2024**.

I understand the cost for this activity is \$12.00 and payment is due by Friday 31<sup>st</sup> May 2024. I will contact the school if I have concerns with meeting this payment deadline.

**Payment**

I have enclosed cash payment of **\$12.00**

**OR**

I have paid **\$12.00** online. My receipt no. \_\_\_\_\_

**Medical**

Information held at school is current for my child

**OR**

I have listed below changes to medical information and any allergies or conditions that may affect my child on the day.

\_\_\_\_\_  
 \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Class:** \_\_\_\_\_

**Parent/Carer Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Carer Signature:** \_\_\_\_\_

**Parent/Carer Contact Phone no. on the day:** \_\_\_\_\_