



# LEURA PUBLIC SCHOOL

Cnr Mount Hay Rd and Willow Park Ave  
Leura, 2780

ph : 4784 1251 fax : 4784 3156  
email : [leura-p.school@det.nsw.edu.au](mailto:leura-p.school@det.nsw.edu.au)

*respect*

*responsibility*

*resilience*

Wednesday 5<sup>th</sup> March 2025

## Western Sydney Debating Camp 2025

**Monday 24<sup>th</sup> March – Tuesday 25<sup>th</sup> March 2025 (inclusive)**

Note: Payments can be made online or by cash to admin office

For payments online enter: **Payment Description: Western Sydney Debating Camp**

**Payment Amount: \$150.00**

**Payment Due: Thursday 20<sup>th</sup> March 2025**

**Please note: LATE PAYMENTS MAY NOT BE ACCEPTED**

Dear Parents/Carers,

This note is to provide you with information regarding the **Western Sydney Debating Camp 2025** details of which are outlined below. Please keep this page as it contains important information.

<b>Date:</b>	Monday 24 <sup>th</sup> March and Tuesday 25 <sup>th</sup> March 2025 (inclusive)
<b>Educational rationale:</b>	This two-day, one night camp assists students in preparing for the Premier's Debating Challenge.
<b>Excursion to:</b>	CMS Katoomba Conference Centre, Violet St, Katoomba NSW 2780 Ph: 02 4782 1167
<b>Students attending:</b>	Debaters ***Please note there are only <b>4 spots available</b> so acceptance is on a first in-first served basis. There may be more spots allocated closer to the date – we will inform families if they are on the wait list. If unsuccessful in securing a spot any monies paid will be kept in credit.
<b>Departure Time:</b>	Students <u>must</u> arrive at the venue at 8:30am on Monday 24 <sup>th</sup> March 2025
<b>Return Time:</b>	Students <u>must</u> be collected from the venue at 3:00pm on Tuesday 25 <sup>th</sup> March 2025
<b>Staff in attendance:</b>	Mrs Daniele Aldred
<b>Dress:</b>	Casual wear suitable for active workshop sessions; warm clothes; enclosed footwear suitable for a bush walks and games; pyjamas for night time.
<b>Transport:</b>	Parent/carer own transport to and from venue
<b>Cost per student:</b>	\$150.00 per student
<b>Specific Requirements:</b>	<b>Students are expected to stay until the conclusion of camp.</b> <b>Please bring:</b> Sleeping Bags or bedding and a pillowcase, Toiletries (soap, toothbrush & toothpaste), towel, stationaries – pens, pencils, paper and folder. <b>Please do not bring:</b> Jewellery or valuables. Mobile phones are taken at student's own risk – but should only be used in emergencies.
<b>Due date for payment &amp; permission note:</b>	<b>Thursday 20<sup>th</sup> March 2025</b> Please note late payments may not be accepted. <u>CMS Katoomba Conference Centre Medical Information form</u> needs to be returned along with payment & permission note.

Kind regards,

Mrs Daniele Aldred  
Excursion Coordinator

Mr Steve Atkinson  
Relieving Principal



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Return permission note to Leura Public School office by Thursday 20<sup>th</sup> March 2025  
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- I give permission for my child to participate in the **Western Sydney Debating Camp 2025** to be held at **CMS Katoomba Conference Centre** on **Monday 24<sup>th</sup> March to Tuesday 25<sup>th</sup> March 2025 (inclusive)**.
- I understand the cost for the Western Sydney Debating Camp 2025 is **\$150.00** and payment is required by **Thursday 20<sup>th</sup> March 2025**.
- I understand late payments **may** not be accepted and I will contact the school if there are difficulties in meeting this deadline.
- I understand that this is a two-day, one night camp and my child is expected to stay at the venue until the completion of activities on the last day.
- I understand I must organise transport to and from the camp for my child.

#### Payment

I have enclosed cash payment of **\$150.00**

**OR**

I have paid **\$150.00** online. My receipt no. \_\_\_\_\_

#### Medical

I have completed the CMS Katoomba Conference Centre Medical Information form

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: \_\_\_\_\_