

# Mukinbudin District High School

## An Independent Public School



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### **2020 DISA CROSS COUNTRY CARNIVAL INFORMATION**

The DISA Cross Country will be taking place at the **Nungarin Recreation Ground** on **Friday 7<sup>TH</sup> August 2020** for all **Pre Primary – Year 6** students.

Please retain this information form for your records but return the accompanying consent/medical form to the classroom teacher by **Friday 24<sup>th</sup> July 2020.**

Normal school classes will not be taking place on this day, as we do encourage all students to attend and participate in the DISA Cross Country. However, if you wish for your child not to attend there will still be supervision provided at the school.

Mukinbudin DHS will be competing as Mukinbudin **Green** and Mukinbudin **Gold**. **Please ensure you child/ren wear their faction shirt.**

- A timetable of events for the day will be sent out early next term.

#### **Transport Arrangements & Buses:**

- Parents/guardians are to transport their child/ren to and from the event.
- **There will be NO bus transport to the event.**
- If you are unable to arrange transport for your child, please contact Mrs Clarke.
- Please notify the school bus contractor if your child is NOT on the bus on this day.

#### **Distances:**

1. Junior Girls – 1000m
2. Junior Boys – 1000m
3. Intermediate Girls – 1500m
4. Intermediate Boys – 1500m
5. Senior Girls – 2000m
6. Senior Boys – 2000m

Kind Regards,

Rebecca Clarke  
Health & Physical Education Teacher

# PARENT/GUARDIAN CONSENT FORM

CONSENT FORM FOR DISA CROSS COUNTRY NUNGARIN

TO BE RETURNED TO CLASS TEACHER By **Friday 24<sup>th</sup> July 2020**

## CONTACT INFORMATION

(Home)	(Work)	(Mobile)
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Other

I have read and understood the information regarding the excursion on **Friday 7<sup>th</sup> August 2020** and give my consent for my son/daughter \_\_\_\_\_ to attend.

My son/daughter \_\_\_\_\_ will be attending the Cross County.

Child 2: \_\_\_\_\_

Child 3: \_\_\_\_\_

My son/daughter \_\_\_\_\_ will NOT be attending the Cross Country and will be attending school.

Child 2: \_\_\_\_\_

Child 3: \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

The following details have changed from those recorded on my child's Health Information Form:

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