**Newrybar Public School**

10 Broken Head Rd, NEWRYBAR NSW 2479 Phone: 6687 1343 Fax: 6687 2072

newrybar-p.school@det.nsw.edu.au

**PERMISSION NOTE**

**Headlands District Cross Country**

**(Friday 18th May, 2018)**

I give permission for my child…………………………………………………………………………… to participate in the District Cross Country at Teven Tintenbar Primary School on **Friday 18th May 2018**.

I understand that transport is the responsibility of the parent.

* I will be transporting my own child to the District Cross Country
* I will be transporting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* I confirm that I have arranged transport for my child with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing this form I also acknowledge my responsibility to;

* hold a current driver’s license,
* drive a vehicle with current registration and
* abide by the RMS recommendation to seat children 13 and under in the back seat if a front seat airbag exists.

*If I have organised transport for my child I take the responsibility to ensure my chosen transporter abides by the afore mentioned regulations.*

Signed ………………………………………… Date ………………………………….

 Parent/ Guardian

**Please return permission by no later than Tuesday 15th May, thank you**