

Excellence, innovation and success in a caring environment.

Alfords Point Public School

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Alfords Point Public School: Garden Club Permission Note

I _____, give permission for my child _____ of class _____ to take part in Gardening Club. I will send my child with gardening gloves and understand that he/she will be involved in weeding, pruning, planting and maintaining the school garden, and some of the bush areas surrounding the school.

Please provide any medical conditions and/or allergies that will/may impact upon his/her participation in the activities.

I understand that this activity has the approval of the Principal.

Nick John
Garden Coordinator

Annette Wein
Principal

Signed: _____ (Parent/Caregiver)

Name: _____ Date: _____