



Spring Farm Public School

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24/4/2017

Reminders for early Term 2

- 1) ANZAC Day march for Spring Farm Public School students, Tuesday 25 April 2017.
- 2) K-6 cross country at Spring Farm Public School, Friday 28 April 2017, starting at 9:30am. All Parents and carers are welcome to attend. Please refer to the information below.
- 3) Ms Delli – Fiori's infants dance group, dance practice starts on Wednesday 10 May 2017 at 3:10pm in the school hall.
- 4) Premier's Reading Challenge has started, please refer to the school's website.
- 5) Spring Farm Public School's first birthday special assembly, Thursday 27 April 2017 in the school hall starting at 2:15pm to 2:55pm. Parents, carers, family and friends are welcome to attend.
- 6) NAPLAN testing for Year 3 and 5 students from 9 May to 12 May 2017
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- 7) Eye assessment check, please hand in permission slip to the school office by 28 April 2017. Forms can be viewed below or picked up at the school office.



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K-6 Cross Country Carnival **Friday 28th April**

Dear Parents/Carers,

Spring Farm Public School will be holding our Cross Country Carnival on Friday 28th April.

All students will be participating, however only students 8 years and older may be allocated the opportunity to represent Spring Farm in the zone event.

All parents, caregivers, families and friends are invited to come and cheer on their children. The races will commence at 9:30am.

The age race that students are required to run in is determined by the age they turn in 2017.

The race distances are as follows:

- Students who are 12 or 13 years old will compete in the senior category, which is 3 kms long.
- Students who are 11 years old will compete in the 11 years category, which is 3 kms long.
- Students who are 10 years old will compete in the 10 years category, which is 2 kms long.
- Students who are 8 or 9 years old will compete in the junior category, which is 2 kms long.
- Students who are 7 years and younger will complete 2 laps of the oval.

We would like to advise that the track for students who are 8 years or older will include students running on the pathway, outside the school grounds, for part of the distance. This is to create a realistic cross country track in preparation for zone.

Sports uniform is to be worn with appropriate footwear. Spiked footwear is not permitted in primary school events.

All students who have asthma will be required to carry their puffers with them throughout the race.

Please ensure your child has a water bottle, sunscreen and their hat for the event. If you are planning to come and watch a blanket or chair would be recommended. Please notify the office if you are available to assist on the day as a track official.

In the event of wet weather, the back up date is Friday 5th May.

Thank you



2 Laps of track for Juniors 3 Laps for seniors

Marshalling area



2 Laps of track

Marshalling area



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Dear Parent/Guardian,

The school is pleased to announce that it will be running a welfare initiative called the **Student Eyecare Program**. An optometrist will be onsite during school hours to provide students with a comprehensive eye examination. This will be done by appointment only and typically takes up to 20 minutes. Each attendee will receive an individual report regarding the eye health and a prescription will be provided if glasses are required. Please note that this service does not sell glasses and the prescription can be taken to any optical store.

The program's aim is to detect visual problems that may interfere with a student's learning abilities and subsequently hinder their academic potential. A significant number of students have visual problems that go undetected. The main visual issues that go undetected are **inadequate focusing** and **eye teaming abilities** that could lead to symptoms such as poor concentration, fatigue, headaches and unwillingness to read.

This eye health service is available to all students and is covered by Medicare Australia – so there is **no cost** to the students. The form below is to be completed by the parent or guardian.

If you do not wish for your child to participate in the program, please fill in your child's name and tick the box below. Please return the form ASAP.

Name: _____ Class: _____

☐ I **DO NOT WISH** to have my child's eyes examined.

If you do wish for your child to participate in the program, please fill in the medicare details below and return the form ASAP.

☐ I **DO WISH** that my child's eyes be examined as part of the **Student Eyecare Program**.

Medicare Details

Name of student as appearing on card: _____ Class: _____

Valid to: / Date of Birth: /

Medicare number:

List Number on Left Of your Name: (eg. 1, 2, 3 or 4):

Parent/s Signature (to agree to Medicare Bulk Billing): _____ Date: _____

