



Blackwell Public School

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18th October, 2017

Dear Parents,

To reinforce Bike Safety, students will be invited to attend The Community and Road Education Program or CARES. CARES is a total road safety education program created to assist in the reduction of risk, injury and death for young road users. The centre is located at Creek Road St Marys, behind Ripples.

The program is delivered in three parts:

1. The Classroom-watching 2 short videos.
2. Skills-Students have tasks to do on a bike provided
- and 3. Road Track- Track riding after listening to road rules.

The program runs for the entire day.

Students attending will be required to bring a packed recess and lunch.

Students will also be required to bring their own HELMET.

Students attending will be travelling to and from the venue by public bus. Students will be required to bring \$3.60 for the trip to the centre and \$3.60 for the trip back to school. (\$7.20 in total) OR an OPAL card with enough money charged on it to cover the bus costs.

PLEASE BRING THIS MONEY OR OPAL CARD ON THE DAY OF YOUR EXCURSION

Students will be leaving at **8.55am sharp** and must be at school at 8.30am. Students return to school before 3.00pm.

CLASS S3B will be attending the CARES centre on Monday 4th of December, 2017.

Please complete the permission note below and return it to your class teacher.
This activity has the approval of the principal.

C Brown

Coordinator

Cut here and return this portion

Judith Wilson

Deputy Principal



CARES WORKSHOP 2017

I give permission for my child _____ of class **S3B** to attend and participate in the CARES program. I understand students attending will be riding bikes and my child will need to supply their own helmet. I understand students will be travelling to and from the venue by public bus costing \$3.60 each way. (\$7.20 in total). **CLASS S3B will be attending the CARES centre on Monday December 4th, 2017.**

Special needs of my child, which you should be aware to the best of my knowledge, he/she has no medical condition, disability or injury which puts him/her at risk participating in this sporting activity.

In the event of illness or injury, I authorise the seeking of such medical assistance on my behalf may be required.

Med Care No: _____ Contact NO: Mobile _____ Home: _____

Signed: _____ Date: _____