

Please fill in the following form and return to school by **Wednesday the 19th of August.**

☐ My child **WILL** be attending school camp.

☐ My child **WILL NOT** be attending school camp.

☐ I am able to assist in co-ordinating the year 6 camp/graduation cake stall at the athletics carnival on the 3rd of September.

☐ I am able to provide a cake/slice/snack to be sold at the cake stall at the athletics carnival.

(Please ensure you list all ingredients on your item and please refrain from using nuts. All items can be left in D2 or D4 classroom on the morning of the carnival)

☐ I am able to assist in helping at the cake stall at the athletics carnival. Please write your name in the preferred time slot.

8:00-9:00am set up	
9-10am	
10-11am	
11-12pm	
12-1pm	
1-2pm Clean up and pack away	

☐ I am able to attend camp as a parent/guardian helper. Helper Name: _____

☐ I acknowledge that school camp is a privilege and the school reserves the right to refuse

Parent/Guardian name: _____

Year 6 student name: _____

Parent/ Guardian Signature: _____