



WIRREANDA PUBLIC SCHOOL

Inspiring Excellence through Opportunity

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Stage 2 (Year 3 & 4) Equipment Pack 2022

Total Cost: \$30 Due 25 February 2022

Our stage pack is a mandatory requirement for all students which includes the following. Please note books and supplies are kept at school, not sent home in individual packs.

Payment of the Stage Pack **must** be made before any optional excursion can be paid for.

Stage pack includes:	<ul style="list-style-type: none">• White board markers• Mini White board• Exercise books (x6)• Classroom supplies (e.g.: pens, pencils, scissors, erasers, paper, ruler)• Soundwaves photocopied spelling booklets• Art and Craft supplies (e.g.: paint, glue, art paper, cardboard, crayons)
Upcoming expenses for Stage 2 students	<ul style="list-style-type: none">• Year 4 excursion (3 day) – Term 2, Week 4• Day excursions to support classroom units of work• Possible external sport (to local community venues such as Medowie tennis courts)
Voluntary Contributions	<ul style="list-style-type: none">• \$30 per student or \$55 per family. Please note this is a voluntary contribution only.

Parents are asked to provide students with the following for their school year:

<p><u>Pencil case – SMALL size containing:</u></p> <ul style="list-style-type: none">• Glue sticks• Highlighters (different colours)• Scissors• Pencil Sharpener• Coloured pencils• Small set of Textas (Optional)	<p><u>Additional supplies</u></p> <ul style="list-style-type: none">• 2 boxes of tissues• 1 Library bag
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Payments can be made online or by enclosing the correct amount in an envelope for your child to return to school, please don't make payments until 2022.

Payment for the 2022 Stage Equipment - Please return to the School Office

Name of Student: _____ Class: _____

- I have enclosed payment of \$ _____
- I have made an online payment. My receipt number is _____ Date: _____
- Payment has been made by: Name: _____ Relationship to student: _____
- I wish to utilise any 'fees in advance' I might have.

Signature of Parent / Caregiver: _____ Date: _____