Dear Parents / Caregivers,

Life Education NSW will be coming to Warnervale Public School during Term 1. The specifically designed programs address the components and outcomes of the PDHPE syllabus.

Where: Warnervale Public School
When: Monday March 5th – Tuesday March 13th
Who: Kindergarten – Year 6
Cost: $5.00

A parent session will be held on Thursday, 8th March from 2.15pm to 2.45pm. Everyone is welcome! Come along and learn more about the relevant topics the Life Education Program explores.

**Harold Merchandise** will be available for sale. These products help remind the students about the messages delivered to them during their Life Education Session. The educator will also provide the opportunity for children to purchase these products during the school visit. Please provide the **correct money** in an envelope with the item written on the envelope along with your child’s name and class. (Please check the website for additional information.)

<table>
<thead>
<tr>
<th>PRODUCT</th>
<th>PRICE</th>
<th>PRODUCT</th>
<th>PRICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tatoo</td>
<td>$0.50</td>
<td>Harold Wallet</td>
<td>$4.00</td>
</tr>
<tr>
<td>Harold Hand Ball</td>
<td>$3.00</td>
<td>Harold Calculator</td>
<td>$5.00</td>
</tr>
<tr>
<td>Harold Stationery Set</td>
<td>$3.00</td>
<td>Harold Soft toy</td>
<td>$8.00</td>
</tr>
<tr>
<td>Harold Keyring</td>
<td>$3.00</td>
<td>Large Harold Soft Toy</td>
<td>$20.00</td>
</tr>
</tbody>
</table>

**Due Date:**
- Permission note and money to be returned by Thursday 1st March, 2012.

Margaret Peacock
(Life Education Coordinator)

Jill Carter
(Principal)

Date note issued: Wednesday 22nd February, 2012.

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**Warnervale Public School: Life Education Program**

I give permission for my child _______________ of class _____ to attend the Life Education Program at Warnervale Public School.

Parent/Caregiver name: __________________________ Signature: __________________________

(Printed)

Date: ____________

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**Payment: Life Education Program**

Name: ___________________________ Class: ___________________________

☐ I have enclosed $5.00 as payment for the program
☐ My child will not be attending ☐ Already paid
☐ EFTPOS (Minimum amount $10) ☐ Credit card (Minimum about $10)

Credit Card Number ____________

Expiry Date ____________

Security Number (last 3 digits on the back of the card) ____________

Name (of card holder) __________________________

Signature (of card holder) __________________________ Date ____________

☐ I __________________________ will be attending the Parent Information Session on Thursday, March 8th.

(Name)