CASINO CHRISTIAN SCHOOL

Honour Christ, build community and 'grow in grace and knowledge'
2 Peter 3:18

Phone 02 6662 5599
Email admin@ccs.nsw.edu.au
Web www.ccs.nsw.edu.au
PO Box 30 Casino NSW 2470
93 Manifold Road North Casino
Office Hours
Mon - Fri 8.00am - 4.00pm
ABN 93 392 520 152

Thursday 10 September, 2026

GYM CLASSES (PASS / SLR)
Thursday 24th September, 2026

Dear Parents/Guardians,

On **Thursday 24th September, 2026** the PASS and SLR Classes will be travelling to the 'SCU Gym' to participate in 2 very different gym classes. An important component of this subject is promoting learning through movement by experiencing physical activities that are not usually done in school sport or PE. The aim of this activity is to experience the various ways that flexibility and Cardio-respiratory fitness can be improved through these classes. The first class from 10.00am to 10.45am will be a 'HIIT Class' (with a focus on cardio-respiratory fitness) and the second class from 11.00am to 11.45am will be a 'Body Balance' class (with a focus on flexibility). There may also be a possibility to learn about the various different machine and free weights to improve our muscular strength, endurance and power.

Excursion Details

- **9:15 AM** – Depart by bus from Casino Christian School
- **9:45 AM** – Arrive at SCU Gym and get ready.
- **10:00 AM** – Flexibility Class and/or Cardio Class
- **10:45 AM** – Rest break
- **11:00 AM** – Flexibility Class and/or Cardio Class
- **11:45 AM** – Get changed
- **12:00 PM** – Lunch in Lismore City Centre
- **1:00 PM** – Leave Lismore to return to school
- **1:30PM** – Arrive back at school.

Cost: $30 (includes the fee for 2 gym classes and bus travel).

What to bring

- Wear full school uniform or sports uniform to the excursion.
- Towel
- Yoga mat if you have one otherwise you can borrow from school
- Plastic water bottle
- Food and/or money for lunch
- Asthma puffer and any required medication

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Important Information

- **Date:** Thursday, 24th September 2026
- **Departure:** 9:15 AM from Casino Christian School
  - **Students can meet us at the SCU GYM by 9.45am**
- **Return:** 1.30pm at Casino Christian School.
- **Location:** SCU GYM
- **Cost:** **$30 per student**
- If your child does **not** travel on the bus and arranges their own transport, they will still be required to pay the full excursion fee.
- **What to wear:** See above

Please Note:

Electronic devices (e.g. mobile phones) are **not to be used on the bus** and must remain switched off in bags unless needed for an emergency.

To Participate

Please complete and return the following:

1. **Permission note** (below)
2. **$30 payment**
3. All forms and payment are due by **Monday 21st September 2026**.

D. McPherson
PASS & SLR Teacher

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I give permission for my child _____ to participate in the SCU GYM excursion on Thursday 24th September 2026. Should any medical or hospital treatment be required for my child, I authorise the teacher in charge to take the appropriate action and any associated costs will be met by me.

Special needs (e.g. medication and allergies) for the teachers to be aware of:

_____

_____

_____

Signed: _____ (Parent/Guardian)

Print Name: _____ Date: _____

To SCU GYM (Morning Travel)

☐ My child will travel on the bus from Casino Christian School.

☐ My child will meet at SCU GYM

From SCU GYM (afternoon Travel)

☐ My child will stay in Lismore at the end of the excursion.

☐ My child will travel on the bus to Casino Christian School at the end of the day.

Please complete the Permission note and return it to school with your payment of $30.

PLEASE TURN THIS SHEET OVER TO SEE THE METHOD OF PAYMENT OPTIONS.

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METHOD OF PAYMENT OPTIONS: GYM CLASSES (LISMORE)

STUDENT NAME: _____

COST: $30 per student (please pay by Monday 21st September, 2026 – this includes all Netbank payments).

METHOD OF PAYMENT: ☐ Cash ☐ Cheque ☐ Eftpos ☐ Netbank ☐ Credit Card

DATE OF PAYMENT: _____ **[THE DATE THE EXCURSION WILL BE PAID]**

Online Payment (Netbank):

Bank: National Australia Bank
BSB No: 082 506
Account Name: Casino Christian School
Account number: 828017136

Please ensure that the reference has your **FAMILY CODE** & the **NAME** of the excursion.

Credit Card Payment:

Please Debit my (please circle): Visa Card MasterCard

Expiry Date: _____ / _____ CVV: ___ ___ ___ For the amount of: _____

Cardholder's Name: _____ Signature: _____

D. McPherson
PASS & SLR Teacher