



Principal:
Nina McCabe

Deputy Principal:
Sarah Harris
Nicole Merchant

Executive Teacher:
Kirsty Stewart

Executive Teacher:
James Ward

Business Manager:
Lauren Harwin

School Secretary:
Karen Stone-Tolcher

IEC Office:
Pansy Sung
Gaye Broad

P&C President:
Kate Diggle

Board Chairperson:
Tony Cox

Hughes Primary School acknowledges the Ngunnawal People, the traditional owners and custodians of this land.

Principal's Message

Dear Hughes PS Families,

Thank you for coming along to our information sessions last week. You will have received a semester overview from your child's teacher via Seesaw.

Key messages from our information sessions include:

*Everything we do at Hughes PS is centred around our **core values of *Be Kind and Try Your Best***. We celebrate that we are a diverse community. Holding to these core values gives us a framework to connect, to resolve issues and to meet the needs of the whole self whether we are a student, staff member, parent or community member.

***Communication is important.** We are working hard to get to know your child. You know them best. If there is something that you feel would further support your child at school, whether it is about their academic skills, their social interactions, or a particular situation, your first point of call is your classroom teacher. The school leadership team is there to offer additional input if required.

* Literacy Learning at Hughes PS:

We believe in:

- Explicit instruction
- Instructional support
- Using a range of strategies for reading, writing and spelling

- Using researched based practice for teaching reading and writing
- Critical analysis and understanding texts
- Authentic purpose and opportunities for meaningful student led inquiry
- The joy of reading and writing!

In our classrooms we:

- Explicitly teach reading and writing strategies, phonics, morphology and etymology
- Scaffold learning using whole group and targeted small group learning
- Set explicit learning goals
- Emphasise reading for meaning and teach comprehension strategies
- Plan to read and write for real world purposes
- Support student voice, choice and ownership to increase student agency

Maths Learning at Hughes PS:

We believe in:

- Making learning visible and explicit
- The power of making connections to prior learning
- Motivation and active learning
- Strong conceptual understanding
- Authentic purpose and opportunities for meaningful, student led inquiry

In our classrooms we:

- Develop fluency, understanding, reasoning and problem solving

Principal's Message continued

- Set goals and make learning intentions clear
- Use formative assessment to gather knowledge about what children understand
- Integrate maths learning where possible and ensure lessons are engaging and appropriately challenged
- Build a strong foundation of initial concepts that can be transferred through the years
- Teach strategies and conceptual knowledge, not formulas!
- Support student voice, choice and ownership to increase student agency

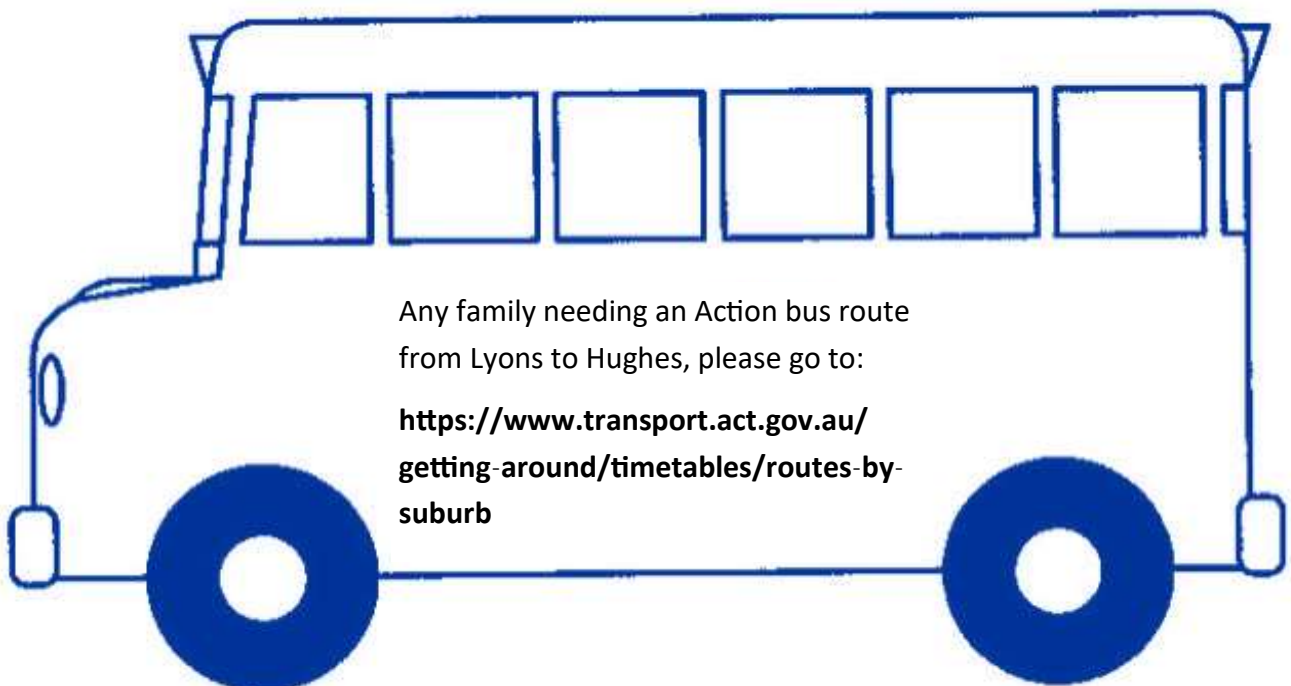
Congratulations to Edie, Daniel, Freddie and Hannah who are **2023 Year 6 School Leaders**. They have embraced their positions and are only two weeks into their roles and already ensuring they keep their election promises and work to make our school an even more inclusive and socially aware community.

Speaking of **social concern**, well done to Ayra, Gen, Ava, Rachel, Phoebe, Annika, Marta and Riley who organised today's fundraiser for CANTEEN – a charity that supports young people dealing with their own cancer diagnosis, a close family's cancer or the death of a loved one. CANTEEN'S services now also extend to supporting parents. This cause is particularly close to students and families within our community, hence the students' desire to organise today's fundraiser. Thanks to their hard work (including amazing baking skills and jewellery creation), we raised a total of \$1150!!

Please see page 3 of the newsletter for important dates for Semester 1.

Thank you for sending your children to school with sun smart hats and water bottles.

Warm regards
Nina McCabe



Any family needing an Action bus route from Lyons to Hughes, please go to:

<https://www.transport.act.gov.au/getting-around/timetables/routes-by-suburb>

MARCH

Wednesday	1st	Kindy Constable Kenny
Thursday	2nd	5/6 Netball Gala Day
Wednesday	8th	3/4 Netball Gala Day
Thursday	9th	Swimming Carnival
Monday	13th	Public Holiday (Canberra Day)
Wed-Mon	15th-27th	NAPLAN Online Test Window
Thursday	16th	Year 1 Excursion
Monday	20th	Year 3 Excursion
Mon-Fri	20th-24th	Harmony Week
Tuesday	21st	Harmony Day
Thursday	23rd	Year 2 Excursion
Friday	24th	National Ride2School Day
Monday	27th	Year 6 Excursion
Friday	31st	SLIME



APRIL

Wednesday	5th	South Weston Swimming Carnival
Thursday	6th	Last day of Term 1
Monday	24th	First day of Term 2
Tuesday	25th	Public Holiday (ANZAC Day)
Wed-Fri	26th-28th	Year 6 Camp
Thursday	27th	Year 2 Incursion

MAY

Wednesday	3rd	Maths Olympiad 1
Wednesday	10th	Cross Country
Friday	12th	Year 6 Excursion
Friday	19th	National Walk Safely to School Day
Monday	22nd	Year 6 Combined Band
Monday	29th	Public Holiday (Reconciliation Day)
Wednesday	31st	SHFPACT Parent Information Evening

JUNE

Monday	5th	SHFPACT Student Workshop Year 3 Long Day Excursion
Tuesday	6th	SHFPACT Student Workshop Kindy Health Checks
Wednesday	7th	Kindy Health Checks
Monday	12th	Public Holiday (Queen’s Birthday)
Tuesday	13th	Preschool Owls Excursion
Wednesday	14th	Maths Olympiad 2
Thursday	15th	Preschool Butterflies Excursion
Monday	26th-30th	World of Robotics Last day of Term 2

Medical Forms

At the beginning of this term we sent home medical forms to every child in the school — see pages 5 - 9.

These medical forms must be completed for your child to attend excursions this year.

We have many excursions coming up and still have students who are yet to return their forms. If your child has not handed in the appropriate medical forms, can you please send them into the school front office as soon as possible.

All students must return:

- Medical Information and Consent Form

Students with a known medical condition which does not require medication must return:

- Medical Information and Consent Form
- Known Medical Condition Response Plan

Students with a known medical condition not listed below who require medication must return:

- Medical Information and Consent Form
- Known Medical Condition Response Plan
- Medication Authorisation and Administration Record

Students with Asthma must return:

- Medical Information and Consent Form
- Known Medical Condition Response Plan
- Asthma Management Plan downloaded from [National Asthma Organisation Website](#)
- Medication Authorisation and Administration Record

Students with Anaphylaxis must return:

- Medical Information and Consent Form
- Known Medical Condition Response Plan
- Anaphylaxis Management Plan downloaded from [Australian Society of Clinical Immunology and Allergy Website](#)
- Medication Authorisation and Administration Record

Students with Diabetes must return:

- Medical Information and Consent Form
- Known Medical Condition Response Plan
- Diabetes Management Plan downloaded from [Diabetes Victoria Website](#) (click on “How we help” and “Schools and early childhood settings”)
- Medication Authorisation and Administration Record

Students with Epilepsy must return:

- Medical Information and Consent Form
- Known Medical Condition Response Plan
- Epilepsy Management Plan downloaded from [Epilepsy Action Australia Website](#) (Register and call 1300374537 for free access)
- Medication Authorisation and Administration Record



MEDICAL INFORMATION AND CONSENT FORM

Instructions

This form must be completed by the parent/carer of each student in an ACT public school. The form is used to request general medical information about students and provides for parents/carers to consent to first aid treatment for their child/ren in line with the directorate's First Aid Policy and First Aid General Procedures. This form must be completed annually. Parents/carers must inform the school immediately if there are any changes to the information provided within the form.

Section A – Personal Details (please fill in clearly)					
Student's Name			Date of Birth		Gender M <input type="checkbox"/> F <input type="checkbox"/>
School			School Year		
Parent/Carer Name			Address		
Telephone Contact	Mobile		Home		Business
Emergency Contact 1				Telephone	
Emergency Contact 2				Telephone	
Name of Qualified Health Professional					Telephone

Section B – Medical Information	
Please tick if your child suffers any of the following:	
<input type="checkbox"/> Allergies	<input type="checkbox"/> Blood Pressure
<input type="checkbox"/> Anaphylaxis*	<input type="checkbox"/> Diabetes*
<input type="checkbox"/> Asthma*	<input type="checkbox"/> Eczema
<input type="checkbox"/> Epilepsy*	<input type="checkbox"/> Fainting
<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Fits or blackouts
<input type="checkbox"/> Headaches	<input type="checkbox"/> Heart Condition
<input type="checkbox"/> Nose Bleeds	<input type="checkbox"/> Reaction to Drugs
<input type="checkbox"/> Sight/Hearing Problems	<input type="checkbox"/> Sun Screen Sensitivity
*Please complete and attach a <i>Known Medical Condition Response Plan</i>	
<input type="checkbox"/> Other (please specify)	
Please identify whether your child is presently taking any medication: Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, the parent/career must give written permission and direction for the administration of any medication at school or during school related activities, as follows:	
<ul style="list-style-type: none"> For a short term, non-ongoing medical condition (e.g. antibiotics for a period of 10 days) please complete the <i>Medication Authorisation and Administration Record</i> and provide qualified medical professional's authorisation (a copy of the medical prescription is sufficient in the case of short term administration of medication). For long term, ongoing administration of prescribed medication complete the <i>Medical Information and Consent Form</i>, the <i>Known Medical Condition Response Plan</i> and the <i>Medication Authorisation and Administration Record</i>. 	
Date of last tetanus injection	
Are you aware of any physical or psychological limitations of your child (please specify)?	
Is there any other information which you believe may be relevant to the general medical/health care of your child?	

Section C – Parent/Carer Authorisation	
<p>1. In the case of my child requiring medical treatment or in the case of a medical emergency, including an anaphylaxis or asthma emergency, I consent to:</p> <ul style="list-style-type: none"> a. the provision of first aid; b. the provision of analgesics; c. treatment as outlined in the attached <i>Known Medical Condition Response Plan</i> (where relevant). 	
<p>2. I authorise the school, where it is impracticable to communicate with me, to arrange for my child to receive such medical or surgical treatment as may be deemed necessary.</p>	
<p>3. I undertake to pay any costs that may be incurred for the medical treatment, ambulance transportation and medications.</p>	
<p>NB: Parents/carers should note that in the absence of a <i>Known Medical Condition Response Plan</i>, in cases of emergency excepting anaphylaxis or asthma, only standard first aid will be administered. In an anaphylaxis or asthma emergency authorised medications; salbutamol (for the symptomatic treatment of asthma), and adrenaline (for the treatment of anaphylaxis) will be administered.</p>	
Parent/Carer Signature	Date

The Directorate collects the information contained in this form to provide or arrange first aid and other medical treatments for students. The information collected will be held at the student's school and will be made available to relevant school staff, including first aid officers, and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the *Information Privacy Act 2014* and the *Health Records (Privacy and Access) Act 1997*.

Office Use Only			
Student Central ID	Entered into MAZE	<input type="checkbox"/>	Date



KNOWN MEDICAL CONDITION RESPONSE PLAN

Instructions

This plan is required for any student with a known medical condition, short or long term, that:

- requires intervention i.e. the administration of medication or other support; and/or
- could lead to a medical emergency.

Section D may be replaced by a condition specific management plan e.g. asthma, diabetes, epilepsy and/or anaphylaxis available from relevant associations or treating medical practitioners. **If a student already has a signed ASCIA Action Plan for Anaphylaxis, Section D should not be completed.** If a student requires a more detailed Known Medical Condition Response Plan this should be referred to the student's qualified health professional to prepare.

This plan must be reviewed annually. Parents/carers must inform the school immediately if there are any changes to the plan.

Section A – Personal Details (please fill in clearly)			
Student's Name		Date of Birth	Gender M <input type="checkbox"/> F <input type="checkbox"/>
School		School Year	
Parent/Carer Name		Address	
Telephone Contact	Home	Business	Mobile
Emergency Contact 1		Telephone	
Emergency Contact 2		Telephone	
Name of Qualified Health Professional		Telephone	

Section B – Management Approach and Medication		
Student can self-manage care?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
School staff assistance is required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Student is presently prescribed medication?	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
*Please complete and attach a Medication Authorisation and Administration Record form		

Section C – Parent/Carer Authorisation			
1. I give permission for my child to: <ol style="list-style-type: none"> be treated by school staff in accordance with this plan if required; be identified by section D which includes a photograph of my child and treatment information to be displayed in the school's first aid and medical treatment room/s, staff room/s and other locations as considered appropriate. 			
2. As a parent/carer I will notify you immediately of any change to this plan and provide a reviewed version.			
3. I understand that I am responsible for any ambulance costs outside the ACT.			
Parent/Carer Signature		Date	
Qualified Health Professional Endorsement - I am aware of, and support, the health care treatment/actions outlined in Section D of this form.			
Qualified Health Professional Name		Title	
Qualified Health Professional Signature		Date	
Principal/Delegate Agreement - I am aware of, and support, the health care treatment/actions outlined in Section D of this form.			
Principal/Delegate Name		Title	
Principal/Delegate Signature		Date	
Support Staff/Authorised Person Agreement - I agree to undertake the relevant health care treatment/actions outlined in Section D of this form. I understand the instructions and/or have received appropriate training for the health care treatment/actions.			
Support Staff Name/s		Title	
Support Staff Signature/s		Date	



KNOWN MEDICAL CONDITION RESPONSE PLAN

Section D – Known Medical Condition Response Plan	
Please download the relevant condition specific management plan or a more detailed <i>Known Medical Condition Response Plan</i> if your child has: <ul style="list-style-type: none"> • Diabetes - Diabetes NSW & ACT-School Diabetes Action and Management Plans • Asthma - National Asthma Council Australia Website • Anaphylaxis - Australasian Society of Clinical Immunology and Allergy Website • Epilepsy - Epilepsy ACT 	
Student Name	
Medical Condition	
Detail the student’s usual symptoms, triggers and the action that is typically taken:	
Detail any regular procedures that need to occur at school (including the role of support staff) i.e. supervision, giving medication, perform a task for student.	
Clear signs that indicate Emergency Treatment needed:	
Emergency Treatment Actions	
Step 1:	
Step 2:	
Step 3:	
Call ambulance when student:	

The Directorate collects the information contained in this form to provide or arrange first aid and other medical treatments for students. The information collected will be held at the student’s school and will be made available to relevant school staff, including first aid officers, and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the *Information Privacy Act 2014* and the *Health Records(Privacy and Access) Act 1997*.

Office Use Only			
Student Central ID		Entered into MAZE	<input type="checkbox"/> Date



MEDICATION AUTHORISATION AND ADMINISTRATION RECORD

Instructions

This form is used to record the request, by a parent/carer, for the school to administer medication to their child and to record the administration of this medication to the student by school staff. Where a student requires more than one medication, a separate form must be completed for each individual medication type.

Wherever possible, medication should be given to students outside of school hours and/or should be administered the first time away from the school environment and the student observed for 24 hours before return to school.

The administration of prescribed medication on a long term basis is to be undertaken in accordance with the individual student's Known Medical Condition Response Plan and/or HAAS Plan.

Section 1 – Administration of Medication

Administration of medication should be undertaken in accordance with the requirements of the directorate's *First Aid Policy, First Aid General Procedure, First Aid Facilities Procedure, First Aid Records Management Procedure, Standard Precautions for Infection Control and Safe Work Practice Procedure, Sharps and Biohazardous Waste Procedure* and if relevant, the *Administration of Analgesics Procedure*. *This record must be updated every 12 months as the administration of any medication cannot be given if a prescription has expired.*

The administration of all medication requires a two person 'five rights' check. This comprises checking:

1. Right student – check student identity
2. Right drug – check drug label
3. Right dose – check medication authority
4. Right route – per section 3 below (swallowed, applied to skin, via gastrostomy, eye drops etc)
5. Right time – per section 3 below

The medication administration record (see over) must be initialised by both persons administering the drug to confirm that the medication was administered or enter the appropriate code from the key located at the top of Section 4.

Section 2 – Storage/Security of Medication

Wherever possible, regular medication should be in a pharmacy prepared dosette (Webster pack). Short term medication, liquid and topical prescribed medication must be administered from its original container, bearing the original label and instructions, and before the expiry or use by date.

Any medication, health care related equipment held by the school must be kept in a secure place in accordance with the requirements of *First Aid Policy, First Aid Facilities Procedure* and manufacturer's instructions. Where there are a large number of students with medication, such as in specialist school environments, locked cupboards located close to or in classrooms may be in use.

Access to medications, health care related equipment is to be provided for the first aid officers and authorised persons only. First aid officers should ensure that where prescribed medications are kept, they are stored in a location other than in the first aid kit and that due care and control is maintained over their storage and administration.



MEDICATION AUTHORISATION AND ADMINISTRATION RECORD

Section 3 – Parent/Carer Authorisation

Parent/Carer authorisation:

I hereby request that school staff administer medication to my child at school or during school related activities, as specified in Section 4. I understand that in making this request it is my responsibility to:

- Complete a new *Medication Authorisation and Administration Record* if the student's dosage of medication changes (e.g. 20 mg to 30 mg).
- Where dosage requirements vary from day to day (e.g. for insulin, Rivotril), to provide a letter from the prescribing qualified health professional advising the school that the parent/carers will be responsible for notifying the school of any adjusted doses.
- Collect and dispose of any unused medication that is no longer required to be administered at school.

Parent/Carer Name	Phone Number
Parent/Carer Signature	Date
Health Providers Number and Signature	Date

*This Authorisation will expire 1 year from this date.

Section 4 – Student Information

Student Name	Date of Birth	Insert student photo here
Name of Medication	Dosage	
Route (e.g. oral, skin, gastrostomy)	Time/s of Administration	

The Directorate collects the information contained in this form to provide or arrange first aid and other medical treatments for students. The information collected will be held at the student's school and will be made available to relevant school staff, including first aid officers, and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the *Information Privacy Act 2014* and the *Health Records (Privacy and Access) Act 1997*.



Hughes Primary School

Learning for Life



Groom Street Hughes ACT 2605
Telephone: 02 6142 0730
E-mail: info_hughesps@ed.act.edu.au
Website: <http://www.hughesps.act.edu.au>

Voluntary Contributions 2023

Dear Parents/Carers,

Our school has a highly engaged community and as such we have always enjoyed the support of our parents and carers. As you are aware, public schools receive funding from the ACT Education Directorate. To supplement this funding, schools also seek a voluntary contribution from families each year. We receive further support through the generosity of the school community in their contribution to P&C fundraisers.

At Hughes Primary School the voluntary contribution may be made directly to the school or paid into a Library Trust Fund or a Building Trust Fund. Donations to both the Library Trust fund and the Building Trust fund are tax deductible (see notes attached). You may like to split your donation or add an extra dedicated amount. The amount of the contribution is reviewed and set by the School Board each year.

This year the family contributions have remained the same as previous years:

- For individual students, the 2023 suggested contribution is \$165.
\$75 for each additional child.
- Some families may opt to make a smaller contribution that better suits their family budget.

This year, we hope to use voluntary contributions to further expand our collection of engaging student materials to support the Australian English, Mathematics, Arts, HASS (Humanities and Social Sciences), Science, Health and PE curriculum areas.

Contributions to the Library Trust Fund will be used to purchase library resources, specifically the ongoing replenishment of our fiction and non-fiction library collection.

If you would like further information, or would like to discuss this, please do not hesitate to contact us.

We are most grateful for your support.

Yours sincerely,

Nina McCabe
Principal
February 2023

Please see payment details overleaf.

- * under section 27 of the Education Act 2004, the following principles apply in relation to financial contributions:
- each contribution is voluntary
 - a child at the school is not refused benefits or services because the child's parent does not make a contribution
 - a child is not approached or harassed for contributions
 - any record of contributions is confidential.

Annual Voluntary Contribution

Family Name: _____ Class(es): _____
 Student(s) Name : _____

One student - \$165.00 (plus \$75.00 for each additional student): **TOTAL** \$ _____

Please place in a well-sealed envelope with your child's name and class.

Payment by: Cash
 Credit Card see below OR phone Front Office EFTPOS at Front Office.
 QuickWeb <http://www.hughesps.act.edu.au/payment> – please use Fee Code **VC23**

For Credit Card Use Only:

The amount may be debited to your Mastercard/Visa account by completing the authority form below: (Your card is not required, but please check that all boxes are completed)

Mastercard Visa Expiry Date ____/____

Card Number

Printed name on card: _____

Cardholder's Signature _____



Hughes Primary School

Learning for Life



Groom Street Hughes ACT 2605
Telephone: 02 6142 0730
E-mail: info_hughesps@ed.act.edu.au
Website: <http://www.hughesps.act.edu.au>

Hughes Primary School Library Trust Fund 2023

Dear Parents/Carers,

Hughes Primary School has established a Library Trust Fund to which tax deductible donations may be made. All money donated to the fund is used to buy books and equipment for the School Library. The Library provides a service available to every student and teacher in the school.

**The suggested donation is \$50 per family and is voluntary.
All donations to the Library Trust Fund of \$2 or more are fully tax deductible.**

Hughes Primary School Tax Deductible Library Trust Fund

Please issue a receipt for tax purposes in the name of
for the amount of \$..... and return the receipt via email

Please place in a well-sealed envelope with your child's name and class.

Payment by: Cash
 Credit Card see below OR phone Front Office EFTPOS at Front Office
 QuickWeb <http://www.hughesps.act.edu.au/payment> – please use Fee Code **LTF23**

For Credit Card Use Only:

The amount may be debited to your Mastercard/Visa account by completing the authority form below: (Your card is not required, but please check that all boxes are completed)

Mastercard Visa Expiry Date ____/____

Card Number

Printed name on card: _____

Cardholder's Signature _____



Hughes Primary School

Learning for Life



Groom Street Hughes ACT 2605
Telephone: 02 6142 0730
E-mail: info_hughesps@ed.act.edu.au
Website: <http://www.hughesps.act.edu.au>

Building Trust Fund

Dear Parents/Carers,

If you or a member of your family would like to help support our school, you can do so by making a tax deductible donation to the Hughes Primary School Building Trust Fund.

All donations made are tax deductible.

Hughes Primary School has a long tradition of incredible community support and engagement. The Building Trust Fund is an opportunity to further enhance the physical learning environment of our wonderful school.

Anyone can contribute to our School Building Trust Fund. Donations from grandparents, other family or friends, and local businesses are most welcome. Any donation you can make will be greatly appreciated.

Warm regards,

Nina McCabe
Principal

Please see payment details overleaf.

Hughes Primary School Tax Deductible Building Trust Fund

Please indicate amount:

\$50 \$250 \$550 Other \$.....

Full name of Parent/Guardian (please print):

Signature of Parent/Guardian:

Email address (for receipting purposes):

Date:

Student Name:

Class:

Payment by: Cash

Credit Card see below OR phone Front Office EFTPOS at Front Office.

QuickWeb <http://www.hughesps.act.edu.au/payment> – please use Fee Code **BTF**

For Credit Card Use Only:

The amount may be debited to your Mastercard/Visa account by completing the authority form below: (Your card is not required, but please check that all boxes are completed)

Mastercard Visa Expiry Date ____/____

Card Number

Printed name on card: _____

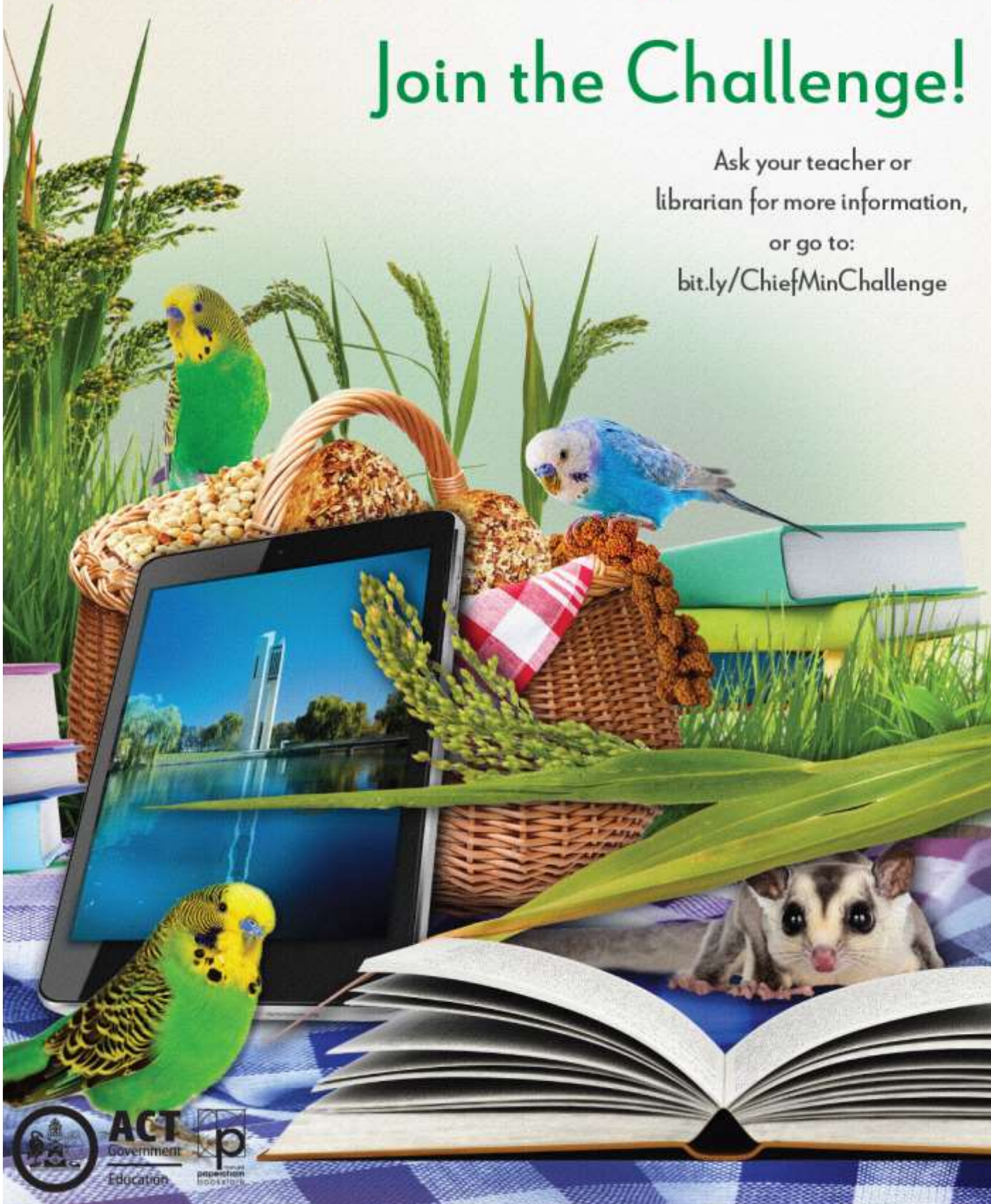
Cardholder's Signature _____

The Hughes Primary School Board thank you for your valuable support

Chief Minister's Reading Challenge 2023

Join the Challenge!

Ask your teacher or
librarian for more information,
or go to:
bit.ly/ChiefMinChallenge





GSharp
GUITAR TUITION

GUITAR TUITION AT SCHOOL

Gianni Kerswell

M 0421 154 562

E gsharpguitar@hotmail.com

GSharp Guitar tutors have
current WVP cards for
the ACT and are
police checked.

Tuggeranong Southern Cross Junior Basketball Club

2023 Winter Season



Recruiting under 10 & 12 players
For children born 2012-2013-2014 or later



COME & TRY DAY

Girls: Monday, 20 & 27 February 5-6pm
Boys: Monday, 20 February 4.30-5.30pm
& Wednesday, 1 March 5-6pm

Hey Kids, make some new friends
playing the best game EVER!
Come along to a training session
and give it a try! **Even bring a Friend!**



For the Parents:

Why? Basketball is a great game that builds social skills, teamwork and gross motor skills (and it is played inside in Winter!)

Competition Commences: *Sunday, 19 March till Sunday, 27 August 2023*

Where: Tuggeranong Southern Cross Stadium, 7 Pitman Street Greenway

How to Register: Register to Come and Try Day at
<https://www.playhq.com/basketball-act/register/949433>

Enquiries: info@southerncrossbasketball.net



www.southerncrossbasketball.net



[TSCBallClub](https://www.facebook.com/TSCBallClub)



[tscbasketball.canberra](https://www.instagram.com/tscbasketball.canberra)

www.flexischools.com.au

ONLINE ORDERING



- Available 24/7
- Convenient for parents
- Removes paper orders and cash
- FREE registration

Online ordering is more convenient, providing a 24/7 payment and ordering system that can be accessed from home, work or a mobile device.

No more fumbling around for coins in the morning or sending kids to school with excess cash, online orders are faster and more accurate giving parents peace of mind that their order and payment is received accurately at the school.

Registration is free and only takes a few minutes.

EASY, ONLINE REGISTRATION

- Go to www.flexischools.com.au
- Click REGISTER
- Enter your email
- You will be emailed a link to an online form - follow the link
- Choose a username and password and complete the form
- Add each student and their class
- Top-up the account - VISA or Mastercard preferred.



Place lunch orders from your iPhone, iPad or mobile device!

For help call 1300 361 769





Healthy Kids Canteen Menu

Hughes Primary School

Order online at www.flexischools.com.au

term 1
2023

Sandwiches & wraps

Salad: Layers of cucumber, lettuce, tomato, grated carrot	\$5.00
Egg & Mayo: Egg, mayo, crunchy lettuce	\$5.00
Chicken & Salad: Chicken, tomato, carrot, lettuce, cucumber, mayo	\$6.00
Toasted cheese	\$4.00
Extras:	
Cheese	extra \$1.00
Chicken	extra \$1.50

Gluten free available on request

Salad

Design your own salad	from \$5.00
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Hot meals

Crunchy mac & cheese	\$5.50
Nacho dippers	\$6.00
Pasta Bolognaise	\$6.50
Pasta Napolitana	\$5.50
Sausage roll	\$5.50
Crispy chicken burger wrap	\$6.00
Chicken nuggets	\$6.00

Snacks

Jelly	\$2.00
Banana bread	\$2.00
Chocolate mousse cup	\$2.00
Homemade mini muffin	\$2.00
Homemade cheesy garlic bread	\$2.50
Milo cookie	\$1.00
Popcorn	\$1.00

Drinks

Water: 600ml	\$2.00
Juice (tropical, apple)	\$2.20
Moove flavoured milk (choc, strawberry): 250ml	\$3.50
Plain milk	\$2.00

Frozen

Frozen juice cup (apple, blackcurrant)	\$2.00
Twisted frozen yoghurt	\$3.00