Joining the Chorus!!

Dear Parents,

Joining the Chorus is fast approaching and the students are very excited about being part of this wonderful experience! The theme for our dancing this year revolves around the Australian landscapes and tourist attractions.

We have just been notified of our first Regional Dance Rehearsal which will be held on Tuesday 6th May from 10:00am until 3pm. The students will travel by a seatbelted bus leaving school at 9:30am and returning by 3:30pm. Our venue which will be local has not yet been confirmed. We will share a bus with Karoo Primary School to limit the cost of the program.

Students are required to wear full school uniform. They will need to bring a small backpack with their snack, lunch and a drink bottle. Please ensure that if asthma medication is required (ie inhaler etc) that it is brought on the day.

The cost of the program is $45, which covers transportation to our Regional Dance Rehearsals, Full Dress Rehearsal at Vodafone Arena and your child’s costume. Below is a form giving permission for your child to attend our first rehearsal on Tuesday 6th May. Please complete the form and return it to school by Thursday 1st May. Payment for the program is due on Friday 9th May.

Parent Assistants are welcome to attend this excursion. Please indicate on the return slip if you wish to be considered as a Parent Assistant for this activity. Parent helpers are required to have a Working with Children Check. This is available free of charge from most Post Offices.

Thanks for your support and if you have any queries regarding Joining the Chorus please contact me at school.

Yours sincerely,

Narelle Smith

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**JOINING THE CHORUS - Regional Dance Rehearsal**

Please return this form by Thursday 1st May

I hereby give permission for my child____________________ in Grade _____ to attend the Regional Dance Rehearsal for Joining the Chorus on Tuesday 6th May.

In the event of accident or illness, I authorise the teacher-in-charge of this excursion to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

I agree to forward $45 (cash. Cheque, credit card) to school by Friday 9th May □ (please tick)

I wish to be considered as a Parent Assistant for this activity □ (please tick)

I have a Working with Children Check □ (please tick)

SIGNATURE:________________________ DATE:______________

(please tick)

EMERGENCY CONTACT INFORMATION FOR TUESDAY 6th MAY

CONTACT NAME 1 :________________________ Phone No. ________________

CONTACT NAME 2 :________________________ Phone No. ________________