Dear Parents,

The State School Spectacular is fast approaching and the students are very excited about being part of this wonderful experience!

We have just been notified of our first Regional Dance Rehearsal which will be held on Friday 6th May. Our venue which will be local has not yet been confirmed. We will share a seatbelted bus with Karoo Primary School to limit the cost for the students.

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 $40, which covers transportation to our Regional Dance Rehearsals, Full Dress Rehearsal at Hisense Arena and your child’s costume. Below is a form giving permission for your child to attend our first rehearsal on Friday 6th May. Please complete the form and return it with the payment of $40 to school by **Thursday 7th April**.

Parent Helpers are welcome to attend this excursion. Please indicate on the return slip if you wish to be considered as a Parent Helper for this activity. Parent Helpers are required to have a current 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 the State School Spectacular please contact us at school.

Yours sincerely,

Narelle Anderson & Trish Brewer

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<table>
<thead>
<tr>
<th>STATE SCHOOL SPECTACULAR – 1st Regional Dance Rehearsal</th>
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<tr>
<td>Please return this form by <strong>Thursday 7th April</strong></td>
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I hereby give permission for my child ________________ in Grade _____ to attend the 1st Regional Dance Rehearsal for the State School Spectacular on Friday 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.

Enclosed is the payment of $40 (cash, cheque, credit card) ☐ (please tick)

I wish to be considered as a Parent Helper for this activity ☐ (please tick)

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

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CONTACT NAME 2: _________________________  Phone No. __________________