

Innovation

Opportunity

Diversity Success

| EXCURSION NOTE | | | | | | | | |
|------------------------------|--------------------------------|--------------------------|----------------------------|--------|--|--|--|--|
| Excursion: | Synergy Dance Festival Pe | Maximum # of students: | | 47 | | | | |
| Subject / Purpose: | Dance Ensemble - Performance | | Grade: | 7 - 12 | | | | |
| Venue: | Penrith Panthers | Date: | 12 th June 2019 | | | | | |
| Departure time: | 9:00AM | Return time: | 2:00PM | | | | | |
| Students will depart from: | School | Students will return to: | Parent pick-up from venue | | | | | |
| Travel/transport will be by: | Bus to and from venue | | | | | | | |
| Dress requirements: | Dance uniform / Dance Costumes | | | | | | | |
| Cost: NON-refundable | \$13.00 | Payment due by: | 4 th June 2019 | | | | | |
| Supervising teacher/s: | Nicole Taylor & Corrine Jones | | | | | | | |

Dear Parent/Carer,

An excursion has been organised to support the following work being completed at school:

Synergy Dance Festival

Please note that there may be a maximum number of students who may attend this event (see above). The signed permission note must be returned to the front office with the correct money. We are unable to provide students with change. We strongly encourage your child to attend this activity, as it will be a positive and valuable learning experience.

Anne McDonald **Head Teacher** Date:

Sonja Anderson Principal

| YEAR 7-12 EXCURSION TO Synergy Dance Festival PERMISSION NOTE / MEDICAL INFORMATION | | | | | | | |
|---|----------------------------------|-------------------------------------|--|--|--|--|--|
| I do / do not consent to my child | participating in an excursion to | | | | | | |
| Synergy Dance Festival | on | 12 th June 2019 | | | | | |
| I understand and agree to the requirements and arrangements as stated on the excursion note. | | | | | | | |
| Special needs, allergies or medical condition/s that the school should be aware of: | | | | | | | |
| Has the school been provided with an individual health plan or emergency response plan for this condition? YES / NO I give / do not give permission for my child to receive medical treatment in case of emergency. | | | | | | | |
| Medicare No: | Expiry Date | : Card Reference No: | | | | | |
| Parent/carer's signature: Date: | | | | | | | |
| Parent/carer's email: Phone number: Phone number: | | | | | | | |
| Payment Method | | | | | | | |
| () Cash () Cheque () Online payment Online payment must be made at least 3 days before payment due date | | Online payment receipt no.: Date:// | | | | | |
| Online Payment Instructions:- Make a payment on GHS website In the Payments option section, check excursion and enter payment description as: Dance Ensemble Please note the last day for online payments will be 4 th June 2019 before 6pm. | | | | | | | |

Payments after this date must be by cash/cheque/EFTPOS directly to the front office to ensure your child's place. Please hand in permission note with online receipt number to the front office.