23 July 2014

Dear Parents and Carers,

The Junior Girls’ Dance Group will be performing on **Wednesday 6 August** at the St George Performing Arts Festival. This is a full day event with children travelling to the Hurstville Entertainment Centre, from school, by bus for the morning rehearsal. The rehearsal is followed by a matinee performance and children will then return to school by bus. The children will be accompanied by Miss Limneos.

Arrangements for the day are as follows:

- All children to be at school at **8:00am** for an 8:15am departure.
- Children are to bring all food and drink for the day. It is a long day so please ensure children have plenty of food/water to keep their energy levels up.
- Students are to wear **dance costumes** and their school jacket for warmth.
- Make up is not required for the matinee performance.
- Children will return to school by 3:25pm.

**Please note:** Families are to organise transport to and from Hurstville Entertainment Centre for the evening performance.

Arrangements for the evening are as follows:

- Children to meet teachers at Hurstville Entertainment Centre at **6:30pm** at the designated meeting point for the evening performance (Children will be told the meeting point during the day rehearsal)
- Please ensure children have eaten dinner before they arrive and are dressed in required outfits/costumes.
- Children to meet parents after the performance at the same meeting point. Please note that children must be collected at the meeting point to have their names ticked off by teachers before they go home.

Please return the permission note and money to the office by **Friday 1 August**.

Mrs T. Corben                         Miss. R Limneos
Deputy Principal                      Teacher
I give permission for my child ______________________________ in _______ (Class) to attend the SPAF rehearsal and matinee performance at the Hurstville Entertainment Centre on Wednesday 6 August. I understand that travel is by bus and I have enclosed $10 for the cost of the bus.

My child has the following medical condition:

_____________________________________________________________________________

Parent mobile number: ________________________

Signed: ___________________________________ Date_____________________

(Parent/Carer)