

## EXCURSION / PERFORMANCE / ACTIVITY CONSENT FORM

## Kincumber PUBLIC SCHOOL

Avoca Drive Kincumber
Phone: 02 4369 1544
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An excursion/performance/activity has been organised for your child's class. Information is as follows:

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Excursion/Performance/Activity:	Central Coast Dance Festival STAGE 3 Dance Group – "From Now" – SHOW G
Venue:	Laycock St Theatre, Gosford
Date(s):	Wednesday June 6, 2018 – Rehearsal Wednesday July 4, 2018 – Evening Performance
Classes involved:	Stage 3 Dance Group
Cost of excursion/performance is:	Bus: \$6.00 Costuming: \$10.00
Detail of requirements/shows:	Thursday May 31 - \$16.00 payment and permission note due to office.  Thursday May 31- Permission to publish notes due to Mrs Wardlaw.  Wednesday June 6- Rehearsal day, Laycock Street Theatre. Depart school 9.30am and return 11.50am.  Friday June 15, 10:15am -Ticket release date for Show G  Wednesday July 4 - Performance date for Show G (arrive at 6pm)  More detailed instructions to follow as it becomes available.
Travel will be by:	Bus
The group will be supervised by:	Mrs Wardlaw
Please provide/additional information	For rehearsal – Please pack dance costume, school jumper or jacket to wear over costume to and from venue, as well as school shoes and socks. Bring school bag.  Students will be directed on appropriate hair and make up for the dance group (photos to be taken on the day).
Trish Peters – Principal  Jodi Hardy - Coordinator  Medical Disclaimer  Parents please note there is no personal injury insurance cover provided by the NSW Department of Education and Training for students in relation to school sporting activities, physical education lessons or any other school activity. Parents and caregivers are advised to assess the level and extent of their child's involvement in the sport program offered by the school, zone, area, and state school sport associations when deciding whether additional cover, above that provided by	
Medicare, is required.  The NSW Supplementary Sporting Injuries Benefits Scheme, funded by the NSW Government, covers any injury resulting in the permanent loss of a prescribed faculty or the use of some prescribed part of the body.	
EXCURSION CONSENT FORM	
I hereby consent to	
Special needs of my child which you should be aware of (eg allergies, medication, etc.) (Please provide full details):	
I give/do not give permission for my child to receive medical treatment in case of emergency.	
Signed:	

Please complete details and return with payment to school by Thursday May 31, 2018.