



STAR STRUCK 2017 – 1st COMBINED REHEARSAL PERMISSION NOTE

Dear Parent/Caregiver,

Your child _____ of class _____ is to attend the following compulsory dance rehearsal for Star Struck 2017. Please find the details below:

- When:** Thursday, 25th May 2017
- Where:** Newcastle Entertainment Centre
- Time:** 11:00am – 3:30pm
- Transport:** Transport is by private vehicle. Please read and complete NEW Transport Form. Students are able to be dropped off and collected from Brown Road. Students are to meet Mrs Richards near the Gate entry to the NEC on Brown Road.
- Wear:** Full school uniform OR combination including dance pants and Star Struck Shirt. The shorts or pants worn need to be comfortable and flexible enough to dance in. Students are to wear joggers. Students are to bring hats and clothing for inclement weather.
- Food:** Bring all of your food needs for the day (lunch and snacks). Bring plenty of water to drink. There will be no scheduled opportunities for the purchase of food.
- Valuables/ Money:** Please leave all unnecessary valuables and money at home. Anything you choose to bring with you, you do so at your own risk. NWPS will not take responsibility for any valuables or money that are lost, broken or stolen.

If you have any questions regarding the information above please do not hesitate to contact either coordinator prior to the day. Transport confirmation details will be sent home once all information is returned and collated.

Kind Regards,

Mrs Kate Halligan and Mrs Renee Richards
 Star Struck Coordinators

Ms Jodie Corrigan
 Principal

(Return this form to the Office by Thursday 18th May 2017)

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I give permission for my child _____ of class _____ to attend on 25/5/17.

Please tick the following:

<input type="checkbox"/>	I understand travel is by private transport.
<input type="checkbox"/>	I have returned my Transport Information Form.
<input type="checkbox"/>	I understand that I will receive transport confirmation details as soon as available.

MEDICAL CONDITIONS / MEDICATION

MEDICAL CONDITION	SIGNS / SYMPTOMS	TREATMENT / MEDICATION

EMERGENCY CONTACT DETAILS

Contact: _____ Relationship to Student: _____
 Mobile Number: _____ Other Phone: _____

_____ / / 2017
 Parent/Carer Name Signature Date