



STAR STRUCK 2018 – REHEARSAL PERMISSION NOTE

Dear Parent/Caregiver,

Your child _____ of class _____ is to attend the following compulsory dance rehearsal for Star Struck 2018. Please find the details below:

- When:** Wednesday 9th May 2018
- Where:** The Forum at the University of Newcastle
- Time:** 10:00am – 2:00pm. Students are to meet Mrs Halligan out the front of the entrance to The Forum no later than 9:50am. Students will be able to be collected from out the front of The Forum when rehearsals have finished. No student is to enter The Forum without Mrs Halligan before 10:00am.
- Transport:** Transport is by private vehicle. There is a drop off point out the front of The Forum. As it may be busy you may be required to park at either drop off or pick up time so please be sure to allow plenty of time just in case. Also please be aware University traffic can become heavy.
- Wear:** Full school uniform OR School polo shirt and dance pants. The shorts or pants worn need to be comfortable and flexible enough to learn choreography 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, recess, 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.

Kind Regards,

Mrs Kate Halligan and Mrs Renee Richards
 Star Struck Coordinators

Ms Jodie Corrigan
 Principal

(Return this form to the Office by Friday 4th May 2018)

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I give permission for my child _____ of class _____ to attend on 9/5/18.

Please tick the following:

<input type="checkbox"/>	I understand travel is by private transport.
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MEDICAL CONDITIONS / MEDICATION

MEDICAL CONDITION	SIGNS / SYMPTOMS	TREATMENT / MEDICATION

EMERGENCY CONTACT DETAILS

Contact: _____

Relationship to Student: _____

Mobile Number: _____

Other Phone: _____

_____/_____/2018
 Parent/Carer Name Signature Date