

School Concert Rehearsal

Positivity, Persistence, Pride, Passion

239 Pearcedale Road, Cranbourne South VIC 3977 Tel: **9782 2999**

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Dear Families,

The school concert rehearsal day is **Friday, 24 August 2018 at the Frankston Arts Centre**. It is essential that all students attend so organisation for the final production on the same evening runs smoothly.

Students will be leaving at **9.05am sharp**, and returning to school at approximately **1.00pm**.

Students will need to bring:

- ✓ Snack and a drink in a named disposable bag.

Upon return to school the PFA are organising a concert day burger lunch (see note attached).

Just a reminder that dismissal time for this day is 2.30 pm. Students are required to be signed out by parents in their classrooms and checked out by their class teacher. Any remaining children will be supervised within the school environment until the normal dismissal time of 3:30pm. Before and After School Care will be operating from 2:30pm on this day.

The cost is **\$7.00** per child (for transport). The students will be travelling by bus to the Frankston Arts Centre for the rehearsal.

Please note that **signed permission forms** and **full payment** for Rehearsal Day must be returned to school no later than **Monday, 13 August 2018**.

If you have any questions, please contact your child's class teacher.

SALLY HERBERT

Assistant Principal

Wednesday, 25 July 2018



PLEASE RETURN BY Monday, 13 August 2018
Concert Rehearsal

I give permission for child Class.....
to attend the **School Concert Rehearsal on Friday, 24 August 2018**.

Please indicate method of payment:

☐ **QKR \$7** (preferred payment method) Please note: No signed paper copy is required to be returned if paying and signing via QKR.

☐ **Cash \$7**

☐ **EFTPOS \$7** (Office)

☐ **CSEF \$7**

Additional Medication Information:

Details of current medications NOT kept at school that may be needed on the day (Eg. travel sickness medication).

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Medications must be given to the classroom teacher with a Medication Authority Form (PINK Available from the office). The medication will be returned to you at the end of the day.

In the event of illness or injury to my child whilst on this excursion, I authorise the Principal or teacher-in-charge of my child, where the Principal or teacher-in-charge is unable to contact me, or it is otherwise impracticable to contact me to consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner, and to administer such first aid as the principal or staff member may judge to be reasonably necessary

During the times of the excursion, my telephone contact is:

.....
Print Name of Parent/Guardian

.....
Signature of Parent/Guardian

.....
Date