



Learning Extension Information Before and After School HSC Music Performance Rehearsals Terms 1-4, 2017: Variable Dates as Required

14 March 2017

Dear Parents/Caregivers,

Following are the details of an event that has been approved by the College Leadership Team.

Please read the information listed below, discuss the details with your child and then if there are no questions or concerns please complete the Permission Slip and return it to the organising teacher via the College Office prior to the student attending the first rehearsal.

Name of Organising Teacher:	Mrs Shanice Vella
Dates:	Terms 1-4, 2017: Variable Dates as Required
Venue Name:	St John Paul II Catholic College, Nirimba Campus
Why students should attend:	Students are given the opportunity to rehearse their performances in preparation for the 2017 HSC Music Practical Examinations. The rehearsals will occur on an ongoing needs basis and will be determined through discussion between teacher and students.
Start location & times:	Nirimba Campus Morning: 7:00am Afternoon: 2:30pm
Finish location & times:	Nirimba Campus Morning: 7:50am Afternoon: 4pm As these rehearsals fall outside normal school hours Parents/Caregivers will be responsible for arranging transportation for their child to and from the college and home.
The cost of the event is:	No Cost
Emergency contact details:	If Parents/Caregivers need to contact their child urgently please contact the College on 9208 7200.

✂

PERMISSION SLIP

Before and After School HSC Music Performance Rehearsals Terms 1-4, 2017: Variable Dates as Required

(To be completed by Parent/Caregiver and returned to, **Mrs Shanice Vella** via the College Office prior to the student attending the first rehearsal)

I give permission for my child _____ of homeroom _____
to attend the Before and After School HSC Music Performance Rehearsals being held at St John Paul II Catholic College, Nirimba Campus.

- ☐ I have read and understand the information regarding this activity.
- ☐ I understand that in case of an emergency every effort will be made to contact me as soon as possible and that medical treatment will be given if needed.

Parent/Caregiver signature: _____ Date: _____

Contact Number: _____