JUNIOR RECREATIONAL DANCE GROUP 2016

Dear Parents and Carers,

Your child__________________________of class _____________ has shown interest in becoming a member of the 2016 Junior Recreational Dance Group (Year 3 and 4). The teacher supervising this group is Mrs Obst and the dance teacher is Trish Martin. Parents and students will need to be aware that acceptance to participate in this group includes:

- Punctual attendance to weekly rehearsals. Rehearsal days and times are: **Wednesday** during lunchtime in the hall. Starting **Wednesday 17th February**.
- Current permission to photograph for all Sylvania Heights Public School and Department of Education purposes.
- Lesson fees are paid on a Term basis. The cost for Term One is **$40**. Cash and cheques made out to P.Martin are accepted, NO online payments.
- Costume costs are separate to lesson fees. However, we endeavour to keep the costs as low as possible. Costumes are used for the whole year.
- Parents/Carers are required to provide travel for their child to out of school hour performances.
- Students selected for this group are representatives of Sylvania Heights Public School. Students are expected to maintain exemplary behaviour and commitment in the classroom, playground and school events to ensure placement in this group.

Please complete and sign the following permission slip to provide consent for your child to accept their placement in this dance group, knowing the expectations of membership. If your child does not wish to commit to the group, please inform Miss Ray ASAP as there are many eager students waiting to participate.

Miss Ray
Dance Coordinator

Trish Martin
Dance Teacher
2016 JUNIOR RECREATIONAL DANCE GROUP AGREEMENT

I give permission for my child_____________________________ of class__________ to be a member of the 2016 Junior Recreational Dance Group. I understand that participation will include payments for fees and costumes.

Semester One fees are due by the end of Week 7, Friday 11th March. If paying by cheque, please make out to P.Martin. Online payments are NOT available.

Special medical or physical considerations of my child include, please document here:

Name of Parent/Carer__________________________ Signature_________________________
Contact number________________________________
Name of student ______________________________ Signature_________________________
Date _____/_____/2016

Please return the slip directly to Mrs Obst, Room 23, KO by Monday 22nd February.