Dear Parents and Carers

Congratulations, your child______________________________ has been selected as a member of the 2016 Year Two Dance Group. The teacher supervising this group is Miss Wellington 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: Thursday during recess in the hall. Starting **Thursday 11th February**.

✓ Current permission to photograph for all Sylvania Heights Public School and Department of Education purposes.

✓ Costs such as bus travel to rehearsals and performances.

✓ Lesson fees are paid on a semester basis (two terms at a time). The cost for Semester One is $100. Cash and cheques made out to P.Martin are accepted, NO online payments.

✓ Costume costs are separate to lesson fees and are estimated to be up to $100. However, we endeavour to keep the costs as low as possible. Costumes are used for the whole year.

✓ Parents/Carers may be required to provide travel for their child to rehearsals and 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

Reg /16
I give permission for my child__________________________ of class__________ to be a member of the 2016 Year Two Dance Group. I understand that participation will include payments for fees, costumes and travel.

Semester One fees are due by the end of **Week 6, Friday 4th 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 Miss Wellington, Room 26, 1W by Monday 15th February.**