

Glendenning Public School

135 Armitage Drive
GLENDENNING, NSW 2761.
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K-6 DANCE FEVER 2019

Dear Parents,

During Term 4 we will be implementing an EXCITING dance program for all classes. The 40 minute lessons will be held each **Monday or Tuesday** in the school hall and will be taught by professional dance teachers from 'Dance Fever'. As this is the first time we are implementing the program, the school is subsidising half of the cost.

- **Monday**- Kindergarten, Year 1, Year 2, Year 3, 4G and 4R.
- **Tuesday**- 4/5/6M, 5/6F, Year 5 and Year 6.

It is a high intensity, innovative program that ensures students improve their dancing skills. This activity is part of the PDHPE curriculum and **all students are expected to participate** unless there are circumstances, such as a serious health condition, that prevent them from doing so. If you require financial assistance, please tick the box on the return permission slip.

- The program will commence on **Monday, 14 October** and will conclude on **Tuesday 17 December**.
- Students are expected to wear their sport clothes and shoes for this activity. Students may wear their sports uniform to school on the day.
- Cost of activity \$10

Please complete the attached permission note, enclose the correct money in the envelope provided and return this to the payment box in the front office by Friday 20 September 2019.

OR complete an online payment – see separate sheet for details. If there are any enquiries, please do not hesitate to contact the school on 9832 8555. Please remember to send the **permission note to the front office not the classroom**.

D. Meaney
Principal
5 September 2019

T. Gaffey
Dance Fever coordinator

PERMISSION NOTE –K-6 DANCE FEVER 2019

Return to the school's payment box by Friday 20 September 2019

I give permission for my child _____ of class _____ to participate in the DANCE FEVER lessons to be held in the hall at Glendenning Public School. I understand that this program consists of 10 lessons of 40 minutes duration and will commence **TERM 4, Week 1** and conclude **Term 4, Week 10**.

[] I have enclosed \$10.00

[] I have paid online with Reference Number: _____ - please send the permission note to the office not the classroom

[] I would like to request a time payment plan for this activity. Please access the school website, print and complete the Time Payment Plan form and send to the office with the permission note. Or you may ask at the office for a form.

I do not wish my child _____ of class _____ to participate in the DANCE FEVER lessons because

MEDICAL INFORMATION

Please indicate below if your child has any allergies or other known medical issues that we should be aware of.

Child's Name: _____ Class: _____

Contact Number in case of an emergency: _____

Allergies? YES NO

If YES was ticked, what exactly is your child allergic to?

Other Medical conditions:

Parent / Caregiver Name: _____ Signed: _____ Date: _____