

## Glendenning Public School

135 Armitage Drive

GLENDENNING, NSW 2761.

Ph: 02 9832 8555

Fax: 02 9832 8724

Email: glendennin-p.school@det.nsw.edu.au

### KINDERGARTEN DISCO

Dear Parents/Caregivers,

Our first disco for 2019 will involve children from Kindergarten. The theme will be 'Circus'.

**Who:** Kindergarten

**Date:** Thursday, 11 April, 2019 (Term 1 Week 11)

**Time:** 3.15 - 4 pm

**What to wear:** Students may wear mufti clothes to school and fully enclosed shoes suitable for dancing (thongs/flip flops are not acceptable)

**Cost:** \$5 (includes fresh fruit and a bottle of water).

**OPTIONAL:** Glow products may be pre-ordered below

All students attending will be taken to the hall by their class teacher, where they will leave their bag. Pre-ordered glow products will be given to students as they enter the hall. At the conclusion of the disco, students will receive fresh fruit and a bottle of water.

Parents are asked to collect their children from the courtyard at **4 pm**. Please ensure you arrive 5 mins before the disco finishes. If you would like your child returned to OOSHC, please indicate this on the note.

Please return this permission note, glow products order form and payment in the envelope provided to the office by 9 am on Friday 5 April, 2019.

Yours sincerely,

D. Meaney

Principal

28 March, 2019

J. Turner and B. Borg

Disco Coordinators

## Glendenning Public School

135 Armitage Drive  
 GLENDENNING, NSW 2761.  
 Ph: 02 9832 8555 Fax: 02 9832 8724  
 Email: glendennin-p.school@det.nsw.edu.au



### PERMISSION NOTE – KINDERGARTEN DISCO – Thursday 11 April, 2019

*(Please return this permission note and payment in the envelope provided to the office by 9am on Friday 5 April, 2019)*

I give permission for my child \_\_\_\_\_ of class \_\_\_\_\_ to attend the Kindergarten Disco at school in the hall on Thursday, 11 April, 2019. I understand that my child must be collected from the courtyard at 4 pm.

Enclosed is \$5  
OR

I have paid online with Reference Number: \_\_\_\_\_

**Parent/Caregiver Full Name: (Please print clearly)** \_\_\_\_\_

**Parent/Caregiver Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please ensure my child is returned to Out of School Hours Care at the completion of the disco.

#### Emergency Contact Information

**Contact Name:** \_\_\_\_\_ **Number:** \_\_\_\_\_

#### Medical Information

(THIS SECTION **MUST** BE COMPLETED)

**Student's Medical Details**

My child is allergic to: \_\_\_\_\_

Any other medical details or special needs: \_\_\_\_\_

### GLOW PRODUCTS ORDER FORM

Item Description	Price – each item	Quantity	Item Total	Line Item/s Cost
Bracelet	50 cents			
Necklace	\$1			
Flashing Emoji Ring	\$3			
				<b>Total Cost:</b>



Education &  
Communities

## Glendenning Public School

135 Armitage Drive

GLENDENNING, NSW 2761.

Ph: 02 9832 8555

Fax: 02 9832 8724

Email: [glendennin-p.school@det.nsw.edu.au](mailto:glendennin-p.school@det.nsw.edu.au)





Education &  
Communities

## Glendenning Public School

135 Armitage Drive

GLENDENNING, NSW 2761.

Ph: 02 9832 8555

Fax: 02 9832 8724

Email: [glendennin-p.school@det.nsw.edu.au](mailto:glendennin-p.school@det.nsw.edu.au)

