

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,

The theme of our second disco for the year will be 'When I Grow Up'.

Who: Kindergarten

Date: Thursday, 26 September, 2019 (Term 3 Week 10)

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). Students are encouraged to dress up as what they would like to be when they grow up. This could include a chosen profession or an elderly person.

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

OPTIONAL: Glow products may be pre-ordered see attached form.

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 minutes before the disco finishes.

Please return this permission note, glow products order form and payment in the envelope provided to the office by 9 am on Friday 20 September, 2019.

Yours sincerely,

D. Meaney

Principal

5 September, 2019

B. Borg

Disco Coordinator

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PERMISSION NOTE – KINDERGARTEN DISCO – Thursday 26 September, 2019

(Please return this permission note and payment in the envelope provided to the office by 9am on Friday 20 September, 2019)

I give permission for my child _____ of class _____ to attend the Kindergarten Disco at school in the hall on Thursday, 26 September, 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

<u>Item</u>	<u>Price (each)</u>	<u>Total of Items</u>	<u>Cost of item/s</u>
Bracelet	50 cents		
Necklace	\$1		
Flashing Emoji Ring	\$3		
			Total Cost:

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