 **WALLACIA PUBLIC SCHOOL**

**1573-1585 Mulgoa Road**

**WALLACIA NSW 2745**

**Tel: (02) 4773 8433**

**Fax: (02) 4773 9050**

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

**Principal: Mr Mark Davies**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Friday 22 July 2016

**Blue Mountains Nepean Dance Festival-2016 ‘Lean On’**

Dear Parents / Caregivers,

Our ‘Lean On’ dance group was successful in auditioning for the Blue Mountains Nepean Dance Festival last term. We have also been notified of the rehearsal, matinee and night performance dates. Details of these are outlined below. Also attached is a permission note which will need to be returned to school by Friday August 12.

**Rehearsal: Tuesday 30 August**

**Description:** All members of the dance group will travel to the Joan Sutherland Performing Arts Centre to rehearse for both the matinee and night performance.

**Transport:** Students will be transported to the Joan Sutherland Performing Arts Centre by bus.

**Cost:** $7.00

**Departure:** We will be leaving the school at 10.00am.

**Arrival:** We will return to school at approximately 1.30pm.

**Attire:**  Students should wear their black t-shirts and black pants under their uniforms. The appropriate black shoes should also be worn.

**Staff member/s with CPR training:** Miss Carroll

**Matinee Performance** **Thursday 1 September**

**Description:** All members of the dance group will travel to the Joan Sutherland Performing Arts Centre to perform in the matinee. Please note that parents must purchase tickets if they wish to watch this performance.

**Transport:** Students will be transported to the Joan Sutherland Performing Arts Centre by bus.

**Cost:** $7.00

**Departure:** We will be leaving the school at 9.00am.

**Arrival:** We will return to school at approximately 1.45pm.

**Attire:** Students should wear their black t-shirts and black pants under their uniforms. The appropriate black shoes should also be worn.

**Evening Performance:** **Tuesday 6 September**

Students performing in ‘Lean On’ will be performing on the evening of Tuesday 6 September.

Students should arrive at the Joan Sutherland Performing Arts centre by 6.30pm in full costume with hair tied back. They should meet Miss Carroll in the foyer. Parents should pick students up from the arrival point after the show. If parents wish to take students early they must advise Miss Carroll.

**Please note- Tickets sell out quickly. Be advised of ticket sale date below and note in diary.**

**Tickets Sales- Monday 15 August at 9.00am (not prior)**

* In person from the Joan Sutherland box office (booking fees apply)
* By telephone 47237600 (booking fees apply)
* Online [www.jspac.com.au](http://www.jspac.com.au) (booking fees apply, limits apply)

Miss Carroll Mark Davies

Dance Co-ordinators Principal

✄………………………………………………………..............................................………………

**Blue Mountains Nepean Dance Festival**

Please return to the office by **Friday August 12**

I hereby give consent for my son/daughter ……………….......……………......… to participate in the Blue Mountains Nepean Dance Festival rehearsal, matinee and evening performance at the Joan Sutherland Performing Arts Centre on **Tuesday, 30th August (Rehearsal), Thursday, 1st September (Matinee)** and **Tuesday, 6th September (Evening Performance).**

Please find enclosed **$14.00** (per student) bus cost for rehearsal and matinee.

Total amount: \_\_\_\_\_\_\_\_as payment for Dance Group Bus.

OR

I have made an online payment via POP on date: \_\_\_\_\_\_\_ Receipt Number\_\_\_\_\_\_\_\_\_\_\_\_

Special needs of my child, which you need to be aware of: (e.g. allergies, asthma, medication)

…………………………………..………………………………………………………………………

………………….....…………….............................................................................................…

To the best of my knowledge, he/she has no medical condition or injury, which puts him/her at risk in participating in this activity.

In the event of illness or injury, I authorise medical assistance be given to my child.

Medicare Number:……….……….........……………………..

Contact Phone Number: 1:….……………………………........ 2:.………………….….………………..

Mobile Phone Number:..……………………………………………………………….

Signature of Parent / Caregiver

…………………................…………………….Date................................