

86 The Grange

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Dear Parents and Carers,

The evening of Thursday 12 December will be an exciting one for many of our Year 5 students. They have been invited to attend the Annual Graduation Dinner and Dance. We would like to remind you of the following details.

The key information is as follows:

**Yr 5 Arrival Time:** 7:00pm (after the Year 6 graduation dinner)

***Cockburn Bowling Club***

***40 Birchley Road***

***YANGEBUP WA 6164***

**Dance:** 7:00pm – 8:45pm

**Parent Arrival time:** 8:30pm - parents are encouraged to watch and/or dance with your child

**Departure time:**  8:45pm

**Cost:** This is included in the cost that the Year 5 students paid for their dancing lessons

In order to ensure that our students are accounted for and as part of our Duty of Care, we do require **written permission and the contact details** of a parent or guardian. This will ensure that everyone we are expecting is accounted for and students are collected at the correct time.

We are looking forward to a fantastic evening.

Please complete the form below ASAP and return to the classroom teacher by **Friday 6 December**.

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**Excursion Consent**

I am aware that any costs incurred as a result of accident or illness are my responsibility and that school staff are not responsible for any loss or damage to my child’s personal property that may occur during the course of the excursion.

I acknowledge that, should it be considered necessary, school staff will arrange to present my child for medical assessment.

I have read and understood the information regarding the excursion and give my consent for my son/daughter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from TA \_\_\_\_\_\_\_\_\_\_\_\_permission to attend the 2019 Dance at **Cockburn Bowling Club travelling by private vehicle**.

I am aware of the nature of the event and will adhere to the arrival and pick-up times stipulated in the above information.

The details recorded on my child’s excursion medical form are current  
***Or***  
Please make the following changes to my child’s medical form:

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Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_ Contact No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **Parent/Carer**