

# 2020 ARANDA SENIOR SCHOOL CHOIR (Year 3, 4, 5 and 6)



<b>COST</b>	\$5	<b>Covers:</b>	Travel		Entry		Program	X	Other	X
<b>STARTING DATE</b>	Friday, 21 February 2020				<b>STARTING TIME</b>	8:30 AM				
<b>END DATE</b>	Friday, 4 December 2020				<b>FINISHING TIME</b>	9:00 AM				
<b>EVENT LOCATION</b>	Music Room									
<b>TEACHER IN CHARGE</b>	Melissa Alexander									
<b>ACCOMPANIST</b>	Inga Eveston									
<b>EQUIPMENT NEEDED</b>	Full uniform is required when performing at events held outside of school i.e. summer or winter options.									
<b>EXTRA INFORMATION</b>	Photographs may be taken by outside sources for promotional purposes when choir is performing outside of school. \$5 is to cover purchase cost of sheet music and resources. Bus fare may be incurred in future. Don't forget to join the See-Saw class for the Aranda Senior School Choir as this will provide you with any information regarding announcements and cancellations notification.									
<b>CONTACT NUMBER</b>	6142 3030									

**FORM DUE TO FRONT OFFICE by 3:30pm on Friday, 21 February 2020**

CHILDREN WHO HAVE NOT RETURNED A SIGNED PERMISSION FORM WILL NOT ATTEND.

## 2020 ARANDA SENIOR SCHOOL CHOIR - PERMISSION NOTE

I consent to my child (name) \_\_\_\_\_ in (class) \_\_\_\_\_ to attend/not attend (please circle) the 2020 Aranda Senior School Choir.

I (parent name) \_\_\_\_\_ have paid the amount of \$5 by:

<b>BANK TRANSFER</b>	<b>CREDIT CARD</b> (Westpac Quickweb)	<b>CASH</b>	<b>CHEQUE</b>
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**Bank Transfer:** Aranda Primary School Management Account BSB 032-777 Account 000997

**Credit Card:** Use PAYMENTS tab on school website home page

**FEE CODE:** SCHOIR

The school has an **Excursion Medical Information and Consent Form** on file. Please provide details of **any current medical requirements** and/or other needs of the child relevant to this excursion.

I have read all the information provided in regards to this excursion and understand its contents:

**Name of Parent:** \_\_\_\_\_ **Emergency Contact Number:** \_\_\_\_\_

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

<b>STUDENT KEY</b>		<b>FAMILY KEY</b>	
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*Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities. A risk assessment for this activity has been completed and is available to view upon request.*

*Parents should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.*

*The school has made every effort to keep costs for this activity at a reasonable level. Financial assistance may be available to assist families who are not able to make the requested contribution. Please contact the Business Manager. If however there is insufficient total funding available to meet the cost of the excursion, regrettably we may not be able to proceed.*

*The teacher in charge will make arrangements for the welfare of the student (including medical or surgical treatment) in an emergency. The costs associated with any emergency arrangement made by the teacher in charge will be met by the parents/guardians (free ambulance transportation only applies in the ACT).*

*The student will be under the authority of the school for the duration of the excursion and that the teacher in charge is authorised to return the student to the school at the expense of the parent/guardian if the teacher in charge considers that circumstances warrant such action and after contacting the parent.*

**IF MEDICAL INFORMATION HAS CHANGED PLEASE PROVIDE AN UPDATED** Excursion Medical Information and Consent Form **TO THE SCHOOL** (available for download from the school website or from the Front Office).