

2023 ARANDA SENIOR SCHOOL CHOIR (Year 3, 4, 5 and 6)



COST	\$5	Covers:	Travel		Entry		Program	X	Other	X
STARTING DATE	Friday, 17 February 2023				STARTING TIME	8:30 AM				
END DATE	Friday, 1 December 2023				FINISHING TIME	9:00 AM				
EVENT LOCATION	Music Room									
TEACHER IN CHARGE	Melissa Alexander									
EQUIPMENT NEEDED	Full uniform is required when performing at events held outside of school i.e. summer or winter options.									
EXTRA INFORMATION	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. All future correspondence will be via Seesaw									
CONTACT NUMBER	6142 3030									

FORM DUE TO FRONT OFFICE by 3:30pm on Thursday, 16 February 2023

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

2023 ARANDA SENIOR SCHOOL CHOIR - PERMISSION NOTE

I consent to my child (name) _____ in (class) _____ to attend/not attend
(please circle) the Aranda School Senior Choir
I (parent name) _____ have paid the amount of \$5.00 by:

CREDIT CARD (Westpac Quickweb)		CASH		CHEQUE	
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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.

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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:** ____/____/____

STUDENT KEY		FAMILY KEY	
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I agree to my child participating in the activities associated with this excursion mentioned previously. I have discussed with my child the need for expected behaviour on this excursion. I authorise the school to make arrangements for the welfare of my child (including medical or surgical treatment) in an emergency and I agree to meet the associated costs. I have provided to the school all medical information relevant to my child attending this excursion.

I agree that my child will be under the authority of the school for the duration of the excursion and that the school is authorised to return my child to school or home at my expense if the school considers that circumstances warrant such action. I give permission for my child to travel by private car, driven by a staff member or parent, in an emergency.

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).