



JANDAKOT PRIMARY SCHOOL

AT SCHOOL EVENT: PARENT INFORMATION & CONSENT FORM

1. The following Educational At School Event is being planned for your child.
2. Please read the information and then sign and return the consent form by the due date.
3. Failure to return this form could result in your child being excluded from the At School Event.

VENUE	JPS Undercover area
PURPOSE	Edu-dance program
ACTIVITIES	Edu-dance addresses Arts, Health and Physical Education curriculum
DATE	Term 2, 2019 Tuesday Week 1 – 10 (no Week 9) Wednesday Week 1 - 9
TIME	Each class will attend one 30 minute session per week for 9 weeks. Tuesday – EC4, Rm7, Rm16, Rm5, Rm17, Rm2, Rm13, Rm10, Rm 9 Wednesday – EC1, EC5, Rm8, Rm6, Rm3, Rm4, Rm1, Rm12, Rm11
SUPERVISION	Classroom teacher
FOOD/CLOTHING	School uniform and enclosed shoes
SUPERVISION OF NON ATTENDERS	Classroom teachers
COST YOU NEED TO PAY	\$29.00 <i>If financial difficulties may prevent your child from participating, please contact the Principal/Manager Corporate Services on 9417 4097.</i>
INTERNET BANKING	Direct Deposit Details. BSB: 016-268 Account No: 3408 18933. Please identify your payment by your child's name and item being paid.
MEDICAL / CONTACT	We will be using the medical and contact information on file. If your child's details have changed, please inform the office.

PLEASE RETURN THE PERMISSION/CONSENT FORM to the classroom teacher BY:

Wednesday 10 April

.....X.....X.....X.....

PARENT/GUARDIAN PERMISSION/CONSENT FORM

I have read and understood the information regarding this At School Event – Edu Dance

I GIVE my consent for my child to attend

OR

I DO NOT GIVE consent for my child to attend for the following reasons

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Where it is not practical to communicate with me, I authorise the teacher in charge of the performance/visit/ excursion to consent to my child receiving medical treatment as may be considered necessary. I am aware that the Department of Education insurance doesn't cover personal accidents through misadventure nor loss or damage of personal belongings.

Signed..... (parent/guardian) Date.....

PAYMENT Cash/Cheque provided Direct Deposit/EFT – (Please attach Transaction Confirmation)

Contact Phone Number