

PLENTY PARKLANDS PRIMARY SCHOOL

SPECIAL EVENT NOTICE		Date: 8/8/2019
TITLE: CURRICULUM AREA:	Dance Program with FOOTSTEPS (5 weeks) The Arts	
HOME GROUPS INVOLVED:	4-29, 4-30, 4-31, 4-32, 5-3, 5-4, 5-5, 5-6	
VENUE:	PPPS Hall	
DATE OF SPECIAL EVENT:	Thursday 10 October, 24 October, 31 October, 7 November, 14 November	
COST: Reminder: If there is any difficulty in paying on time, please phone the Principal or Business Manager to discuss arrangements.	\$ 14	
WHAT TO BRING:	Appropriate footwear	
SPECIAL MEDICAL REQUIREMENTS OF YOUR CHILD:	Reminder: It is a parent/guardian's responsibility to send any specific medical requirements, such as asthma puffer, etc. Pack your child's medication and hand it (with specific instructions) to your child's teacher. It is a teacher's responsibility to collect the epipen from the first aid room or the first aid kit from the classroom.	
NOTICE AND PAYMENT MUST BE RETURNED BY: Please note: payment will NOT be accepted after the due date.	3.30pm on Monday 9th September	

We are very pleased to be able to offer a dance program, conducted by a professional dance company FOOTSTEPS, in the year 4 and 5 Performing Arts curriculum. It is hoped that all students will participate in the program. Footsteps Dance Company specialises in curriculum based school dance programs. They use dance as a vehicle to develop students inter/intra personal skills, fitness levels, and provide teachers with classroom resources as a part of the curriculum.

The program will consist of a variety of dances taught by experienced instructors. The goal is to teach a new dance each week and review those previously taught. We are looking forward to another enjoyable and worthwhile aspect of our Performing Arts program.

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I give permission for my child _____ of home group _____ to participate in the Footsteps Dance Program.



Date _____

Signature _____

Amount enclosed: _____ Qkr/Cash/Credit Card/CSEF (please circle)

Credit Card payment X _____

PLENTY PARKLANDS PRIMARY SCHOOL - CREDIT CARD (to be used for amounts of \$10 and over)

Child's name	Home Group	Payment for: eg. Camp	Amount

Please charge my(circle): Bankcard Visa Mastercard Amount: \$ _____

Card Number _____

Expiry Date: ____ / ____ Name on Card: _____

Signature of Cardholder: _____ Phone No. _____ Date: _____