



Watsonia Heights Primary School



Hollywood



CONCERT & REHEARSAL INFORMATION

WEDNESDAY 11TH NOVEMBER 2009

Dear Parents / Guardians

Our Annual School Concert is on Wednesday November 11th at Yarra Valley Grammar School – George Wood Performing Arts Centre in Ringwood. Tickets are now on sale before and after school.

The children will travel by bus to Y.V.G.S. on Wednesday morning at 8.45am. They will need a cut lunch and drink. After the rehearsal, they will return to school at approximately 1.30pm.

THE COST OF THE BUS IS \$10.00

Please return money & permission form NO LATER than Friday 6th November.

Parents can arrange to collect children after the rehearsal for an early dismissal with a letter of permission, indicating an ADULT collecting them. Costumes will be distributed on Wed 11th Nov and **MUST** be returned to your teacher on concert night.

Concert DVD's will be available for \$35.00 later in the term. A separate order form will be sent home. Unauthorised recording and filming of the concert is strictly forbidden.

Kate Saunders
Principal

Les Oliver
Special Events Co-Ordinator

EXCURSION COPY.

BUS TO 2009 CONCERT REHEARSAL

I hereby give permission for my child _____ in Grade _____ to attend/participate in **WHPS Concert Rehearsal** to be held at **Yarra Valley Grammar School** on **Wednesday 11th November**.

I authorise the teacher in charge of the **Concert Rehearsal** to consent, where it is impracticable to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary.

Parent/Guardian Signature: _____

Name of Person to contact in an Emergency: _____ Tel No: _____

SCHOOL COPY.

BUS TO 2009 CONCERT REHEARSAL

I hereby give permission for my child _____ in Grade _____ to attend/participate in **Excursion/Activity** to be held at **Yarra Valley Grammar School** on **Wednesday 11th November**.

I authorise the teacher in charge of the **Concert Rehearsal** to consent, where it is impracticable to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary.

Parent/Guardian Signature: _____

Name of Person to contact in an Emergency: _____ Tel No: _____

THE COST OF THIS EXCURSION IS \$10.00

Cash – enclosed. EMA Unallocated Funds Payment Plan.

Credit Card Card No: Expiry:

Cardholder's Name: _____ Cardholder's Signature: _____