

**RECITAL CHOIR**  
**SALVATION ARMY PERFORMANCE**

7<sup>th</sup> May 2019

Dear Parents,

On **Friday 24<sup>th</sup> May**, the Recital Choir will be giving a concert at the Salvation Army in Briar Hill. The concert will take place between 1.45 – 2.30p.m. The Choir will be singing during the concert and there will also be the opportunity for some solo or small group instrumental or vocal performances as well.

**Transport:** The Choir will be travelling by bus to and from the performance. The cost will be **\$7.00** per child. The bus will be leaving school at **1.15p.m.** and should return to school by **3.00p.m.**

**Dress:** The children will wear their school uniforms (not Sports uniform) and will get changed into this after Interschool Sport.

**Medical Consent:** Where the teacher-in-charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher-in-charge to:

- Consent to my child receiving any medical or surgical attention deemed necessary by a medical practitioner.
- Administer such first-aid as the teacher-in-charge judges to be reasonably necessary.

Attached to this notice is a permission form, **which needs to be returned in paper form or completed on OKR by Tuesday 21<sup>st</sup> May**, along with the \$7.00 bus fare. Hard copies are available at the Office.

This concert provides a valuable and enjoyable performance opportunity in the wider community.

With thanks  
Kate Stewart.

---

**Salvation Army Choir Performance**

Return this section with payment by Tuesday 21<sup>st</sup> May 2019

**Parent consent**

I have read all of the above information provided by the school in relation to the **The Salvation Army Performance**.

I give permission for my child, \_\_\_\_\_ of Grade \_\_\_\_\_ to attend and in the event of an emergency I give my consent to medical treatment & emergency transportation as stated in other information provided for this excursion.

**Parent/guardian:** Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Emergency 1:** Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

**Emergency 2:** Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

**COST: \$7 - PAYMENT OPTIONS:** (please circle) CASH / CHQ / BPAY Ref: \_\_\_\_\_