

16/09/2019

Footsteps Dance Workshop

Dear Parent/Guardian

We have arranged Footsteps Dance Company to teach students in Year 3 - 6 modern dance skills. Students will be involved in ten, 40 minute dance sessions which aim to enhance their kinaesthetic awareness, improve their movement, flexibility, rhythm and performance skills. This course challenges students physically and mentally and gives them an appreciation and understanding of music. For more information visit the Footsteps website at <https://footstepsdancecompany.com.au/>. This is a program run for the whole of senior school and all students will be required to attend.

Details of the incursion are as follows:

Date:	Wednesday week 1 – 9 Term 4
Cost:	\$30
Venue:	Main Hall

NOTES AND MONEY NEED TO BE RETURNED BY: 17th October 2019**Payments Options:****Full payment of \$30.00 or****Half payment of****2nd payment of****\$15.00 by 3 October 2019****\$15.00 by 17 October 2019****Payments can be made by:**

- **Quick Web (Visit the school website). Code: (8041-000-00)** Click on the payment tab which will take you to a secure Westpac Website to complete the payment.
- **Cash (correct money in a sealed envelope with student's name and class handed into the teacher)**
- **EFTPOS at Front Office**
- **Cheque (made payable to Curtin Primary School)**
- **Direct Deposit (See account details below)**

Westpac Bank
Curtin Primary School Management Account
BSB: 032 777
Account Number: 001199***Form MUST be returned to Front Office when payment made on line.***

PERMISSION SLIP (to be returned to school)
Footsteps Dance Workshop

- I have discussed with my child the need for sensible behaviour on this excursion.
- I authorise the teachers to take whatever action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group, or individually whilst on the 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 costs associated with any emergency arrangements made by the school. I agree to provide to the school any medical information relevant to this excursion. Ambulance transport is provided at no cost for the students in the ACT when it is needed while the student is involved in a school activity.
- I agree that my child will be under the authority of the school for the duration of the excursion.
- I give permission for my child to travel by private car, driven by a staff member or parent, in an emergency.
- I have read the attached information regarding this excursion and understand what it contains.
- I understand that individual records of contributions are confidential.
- I understand it will be not possible to refund any money if my child withdraws from an excursion.

I hereby give permission for my child _____ of (insert name) of class _____ to attend the footsteps workshop in term 4.

Payment Options:

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Contact phone numbers: _____

PAYMENT IS CASH ☐ CHEQUE ☐ EFTPOS at Front Office ☐
INTERNET TRANSFER ☐ QuickWeb Code: [8041-000-00] ☐ Payment amount: \$30

BSB: 032 777 A/C NUMBER: 001199 (Reference: Student's surname and initial)

ACT Department of Education and Training (This form is taken on the excursion)

MEDICAL INFORMATION FORM (Category B)

This form is intended to assist the school in case of any medical emergency with the student. All information is held in confidence. Please print clearly.

Student's name Date of Birth Class.....

Parent's/guardian's full name.....

Address

Parents' emergency Nos: after hours Business hours

Other emergency contacts.....

The following information is the current medical requirements and/or other needs of my child relevant to this excursion.

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Consent to medical attention. In the case of an emergency, I authorise the school, where it is impractical to communicate with me, to arrange for my child to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay costs which may be incurred for medical attention, ambulance transport and drugs while my child is on the camp/excursion/outdoor adventure activity.

Signed Parent/Guardian Date