

Year 6 Graduation Dinner and Disco Invitation for Year 5 Students

Dear Parents and Carers

Year 6 students will be graduating on Monday 16 December 2019. The year 6 students and staff would like to invite the year 5 students to celebrate the year 6 students at the graduation disco.

Details of the event are as follows:

Location	Macgregor Primary School hall
Year Group Participating	Year 5
Date	Monday 16 December 2019
Time	Arrive at 6:30pm for school disco. Pick up by parents at 8:00pm
Cost	NIL
Notes Due	Friday 6 December 2019

Regards

James Orr, Willa McIntyre, Tina Nguyen and Damien Trask

21 November 2019

Year 6 Graduation Dinner and Disco Invitation for Year 5 Students

I give permission for my child _____ in class _____ to attend the Year 6 Graduation Dinner and Disco at Macgregor Primary School hall on Monday 16 December 2019. I understand that he/she will be in the care of Macgregor Primary School staff for the evening.

- Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities. A risk assessment for this activity has been completed and is available to view upon request.
- Parents should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent. Parents are advised to warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.
- The teacher in charge will make arrangements for the welfare of the student (including medical or surgical treatment) in an emergency. The costs associated with any emergency arrangement made by the teacher in charge will be met by the parents/guardians (free ambulance transportation only applies in the ACT).
- The student will be under the authority of the school for the duration of the event and that the teacher in charge is authorised to return the student to the school at the expense of the parent/guardian if the teacher in charge considers that circumstances warrant such action and after contacting the parent.

If you have any queries regarding this event, please feel free to contact us at school on 6142 1600.

I have read the attached information regarding this event and understand what it contains.

Full name of Parent/Guardian _____ Emergency contact no. _____

Signature of Parent/Guardian: _____ Date: _____

We have a copy of your child's Medical Information Form lodged in our records. Please complete the section below only if your child's medical circumstances have changed since lodging the form with the school.

Additional medical information

NAME: _____ CLASS: _____

SIGNED: _____ DATE _____