



**ST BENEDICT'S PRIMARY SCHOOL**  
PO Box 59, Tallara Parkway  
**NARRABUNDAH ACT 2604**  
Telephone: (02) 6295 8027

10/10/2017

**Not Like Others Dance Performance Presented by QL2 Dance**

Dear Parent/Guardian,

Students in Years Three and Four will attend the dance performance 'Not Like Others' on Friday 13<sup>th</sup> October. Students will be accompanied by Mrs. Melanie Stratford, Ms. Camille Ellison and Mrs Lisa Brussow. This performance is a fantastic follow up on our school performance and will give the students the opportunity to reflect on performance elements.

The event details are as follows:

Date: Friday 13 October  
Time: 1:00 – 2:00pm  
Venue: ANU Theatre 3, Acton

Students will be transported to the performance by bus.

Students will leave school at approximately 12.30pm and return by 2:30pm. The performance begins at 1:00pm and should be concluded by 2:00pm.

Please return the signed permission slip to **Mrs. Melanie Stratford or Ms. Camille Ellison** by Thursday 12<sup>th</sup> October.

Yours sincerely,

Mrs. Melanie Stratford and Ms. Camille Ellison  
3/4 Teachers  
St Benedict's Primary School

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Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

I give permission for my child to attend the dance performance '**Not Like Others**' on Friday 13th October and to travel to and from the venue by bus.

I also authorise Mrs. Melanie Stratford and Ms. Camille Ellison to obtain medical assistance which they deem necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of the above student. I further authorise qualified practitioners to administer anaesthetic if such an eventually arises. Listed below are specific medical requirements or other needs relevant to my child participating in the excursion.

<b>Medical Condition</b> (e.g. allergies, asthma)	<b>Treatment Plan</b> ( <i>Attach further details if necessary</i> )

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Number:** \_\_\_\_\_