

Silverton Primary School Presents 'Twisted Tales'

ALL students - Foundation to Grade 6 are performing

Please fill in all the details carefully. This form **MUST** be returned to school FRIDAY 2nd August.

Family Name: _____

My child _____ Grade: _____

My child _____ Grade: _____

My child _____ Grade: _____

My child _____ Grade: _____

Please tick the appropriate boxes below:

My child / children as listed above will be performing in our school concert.

Yes No

My child / children as listed above has permission to go by bus to concert rehearsal during the day on Tuesday 20th August.

Yes No

My child / children as listed above has permission for make-up to be applied at the concert

Yes No

My child / children as listed above has permission for hair spray and hair gel to be applied at the concert

Yes No

At the end of the concert;

On Tuesday 20th August my child/ren will be collected by: _____

On Wednesday 21st August my child/ren will be collected by: _____

Parent phone contact (on the day/ evenings of the concert):

Name..... Phone No.:

I authorise the teachers in attendance to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

Signature: _____ Date: _____
(Parent/Guardian)