Date: 14/10/2024

## Dear Parent/Guardian





## **Pevan & Sarah Concert**

Octagon Theatre, The University of Western Australia, Crawley, 6009

Date of excursion: Monday the 25th of November Rooms: 2,3 & 4

This excursion has been planned to supplement the following work being completed in our school:

Early Learning Years Framework

OUTCOME 3: CHILDREN HAVE A STRONG SENSE OF WELLBEING

- share humour, happiness and feelings of satisfaction
- · respond through movement to traditional and contemporary music, dance and storytelling
- move to the tempo and rhythm of music
- participate in physical play, dance, drama

The Arts

Music: Responding to music

Audience behaviour (being an attentive listener) during performances

Different places and occasions where music is experienced

Personal responses to music they listen





Activities to be undertaken during excursion:

## **Attendance of the Pevan & Sarah Concert**



The cost of the excursion is \$39.00

We will depart from School at 8:40am and return to School at 2:00pm. Travel will be by bus.

Number of student attending: 68 Number of adults attending: 9

## Arrangements for Health Planning/First Aid

First Aid kit, Asthma kit, individualised health planning and specified items (eg Epipens, medication) brought and available on excursion.

Please advise classroom teacher of any changes to current health care planning.

**Preparation:** Full uniform, (no faction shirts), safe, enclosed footwear and <u>hats</u> are required. Your child will also need a labelled packed morning tea, lunch and a water bottle.

Please make sure all items are clearly named.

For your records - staff contact phone number during the excursion:

Mrs. Rebecca McLennan 0488 232 304

Please complete return the attached permission slip to school by Wednesday 20th of November.

Yours sincerely,





PEVAN & SARAH CONCERT EXCURSION PERMISSION SLIP		
I give my permission for	(child) Room to attend the e	xcursion
to the <b>Pevan &amp; Sarah Concert</b> at Octagon Theatre, The University of Western Australia, Crawley on		
Monday the 25 <sup>th</sup> of November 2023.	& Sarah	
Parent/Guardian Mobile Number:		
I acknowledge that all relevant health planning in my child to receive medical treatment in case of emethe school and its employees are not responsible for occur on an incursion.	ergency. I am aware that while all care i	is taken,
Payment: Cash ☐ Online payment ☐ the office ☐ Account Credit ☐	Credit card payment $\square$	Eftpos at
Signed:	Date:	