

Thomas Acres Public School

Crispsparkle Drive, Ambarvale NSW 2560 Telephone: (02) 4626 4577 Fax: (02) 4626 8488 Email: thomasacre-p.school@det.nsw.edu.au www.thomascre-p.schools.nsw.edu.au



Dear Parent/Carers,	20 March 2024					
Excursion/Event	Primary Aboriginal Dance Workshop		YEAR/STAGE	Selected students		
DATE	Thursday, 16 May 2024		Соѕт	Free Payment may not be refundable		
VENUE DETAILS	Curran Public School; 21 Melaleuca Dr, Macquarie Fields NSW 2564					
TRAVEL ARRANGEMENTS	METHOD BUS					
	DEPART	Thomas Acres Public School	DEPART	8:45am		
	RETURN TO	Thomas Acres Public School	Return	3:15pm		
MEAL ARRANGEMENTS	Students bring their own lunch and recess on the day					
UNIFORM DETAILS	Students wear full school uniform					
ORGANISER/TELEPHONE	Ms Kinchela and Aboriginal Education Team – phone 4626 4577					
EDUCATIONAL OUTCOME	Your child has been selected to participate in an exciting 1-day workshop for primary students (Years 3 to 6) who identify as Aboriginal or Torres Strait Islander and attend a NSW public school. The workshop is suitable for both experienced and non-experienced dancers. In this workshop, students will explore contemporary Indigenous dance and movement. These energetic and engaging workshops are run by a team of experienced First Nations dance tutors in collaboration with the NSW Department of Education Arts Unit. The Arts Unit in collaboration with the Brolga Dance Academy, promise an energetic celebration of culture, movement, and student engagement!					

If you wish for your child to attend, please complete the Permission Note and return it to the Ms Kinchela or Miss Bligh. *Thank You* – Ms Kinchela and Aboriginal Education Team

X								
PERMISSION FOR - PRIMARY ABORIGINAL DANCE WORKSHOP								
I hereby give permission for my child of class to att the Primary Aboriginal Dance Workshop on Thursday, 16 May 2024 at no cost. I understand that travel wil by Bus .								
□ I give permission for my child to be photographed, videoed or audio recorded during the event.								
My child has:								
Anaphylaxis	Asthma (severe or mild)	Allergies	□ Other					
Parent/0	Carers Signature:		Date://					

PLEASE ENSURE THIS NOTE IS SIGNED & RETURNED AS PROOF OF PERMISSION TO ATTEND