



Gilgandra Public School

Honesty & Courtesy



Safe, Respectful, Learners

Principal
Patricia Howard

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17 June 2021

Western Bandlink Dubbo Workshop 2021

Dear Parent/Carer

I would like to invite your child to attend the 2021 Western Bandlink Workshops in Dubbo.

The workshops are led by professional tutors and experienced conductors. The program involves a series of two-day workshops consisting of large concert band and smaller tutorial sessions, bringing specialised skills to country NSW students.

Bandlink caters for concert band instrumentalists in Year 5 and above of all ability levels, from beginner to advanced.

The operation of this program is contingent on advice provided by the NSW Department of Education in consultation with NSW Health. All activities will adhere to the DoE COVID-19 guidelines and restrictions.

Venue: Dubbo College

Cost: \$90

When: Wednesday August 11 and Thursday August 12 2021

9:00am - 3:00pm each day (Registration 8:30am)

Students are able to wear comfortable, sensible clothes and must bring their own morning tea, lunch and water bottle.

Please read the information above, then sign and return the permission slip on the second page of this form along with payment ASAP to the office but no later than **Thursday 15th July**.

If you have any further questions or concerns please do not hesitate to contact me at the school.

Kind Regards,

Margeaux Batten

Coordinating Teacher

I give permission for my childto participate in the Western NSW Bandlink workshops in Dubbo on the 11th and 12th of August.

- I give permission for my child to be transported to and from the event in a private car.
- I will provide transport for my child to and from the event.

I understand my child will need to abide by the Department of Education's Code of Conduct while on the trip and maintain the school expectations of being Safe Respectful Learners at all times.

In case of emergency I give permission for my child to be transported, by ambulance if necessary, to the nearest hospital for assessment/treatment.

Signed: Date:
Parent/Carer

Please also complete the medical details below.

Child's Name: Emergency Contact.....
Phone No.:

Medicare Card Number:

Health Fund: Membership No:

Medical Conditions (Please tick those that apply to your child and give details and dosage of any medications given)

- Asthma
.....
- Allergies
.....
- Glasses/Contacts
.....
- Other
.....
- Specific Food Requirements
.....

Name of Family Doctor Phone.....