

MOUNT ANNAN HIGH SCHOOL

248 WELLING DRIVE MOUNT ANNAN 2567

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EMAIL: mountannan-h.school@det.nsw.edu.au

Dance Ensemble

The Dance Ensemble will start in Week 4, Term 1 on Thursday 22nd February 2024 and will be led by Miss Gallimore. Students will learn and prepare routines for external performances and competitions in a variety of different dance styles including JFH, Hip Hop, Lyrical, Cheer, Musical Theatre and Commercial Jazz. All students are welcome to attend. Dance experience is not required however, would be beneficial.

Date/s: Thursday Afternoons

Venue: Mount Annan High School – Movement Studio

Cost: Free

Time: 3pm - 4pm

Equipment: Change of clothes that are easy to move in for dance for example tights and t-shirt. No

midriff tops or short shorts please.

Students are to return their permission note to Miss Gallimore in the PDHPE staffroom before commencing their first after-school lesson. Students participating are asked to please commit for the remainder of the term.

Miss Gallimore Miss Alexander

PD/H/PE Teacher Deputy Principal

Incursion Consent Form Section A

Please complete the relevant details and return to Miss Gallimore before starting your first dance class: Privacy Advice

The personal information provided on this consent form will be used by the Department of Education and Training for general administration and communication and other matters of welfare relating to your child at this incursion. While the provision of this information is voluntary, it is strongly recommended that all details be completed. Failure to do so may impede the resolution of welfare issues if you are not able to be contacted. This information will be stored securely. You may access or correct any of the details at any time by contacting the school.

Please tick the a	ppropriate boxes below:					
☐ I cor	I consent to my child participating in the forthcoming school incursion, the details of which appear					
belo						
	not consent to my child particip	_		•		
_	e permission for my child to rec				- ,	
□ I do	not give permission for my child	d to receive	e med	ical treatment in ca	ase of emergency.	
Incursion Details						
Insert child's full name:		Date/s of incursion:		sion:	Place of incursion:	
		Thursday	ys After School		Mount Annan High School –	
	3pm – 4p		m		Movement Studio	
☐ My child has special medical requirements for this				☐ My child does not have any special medical		
incursion, and I must complete the Medical		cal	requirements for this incursion			
informati	information form					
Incursion Code of Conduct This code of conduct is for you to sign – Signing it shows that you accept and honour the principles of attending an						
incursion.						
I recognise:						
The educational importance of the incursion			I have responsibilities to my teacher, school, and Venue organisers			
During my incursion I will:						
Maintain a positive and enthusiastic attitude			Be courteous and respectful			
Observe	Observe rules, regulations and instructions			Behave in a way that reflects pride in ourselves and our school		
Use mol	Use mobile phone as per School Policy			Behave properly and safely		
☐ Encoura	Encourage others to do the right thing			Keep as a group and stay in sight of the teacher		
I am prepared to: Complete all necessary work during dance lessons.						
Student's signature:						
Signature of parent or caregiverDate:/						
Parents / Caregivers please fill in:						
☐ I give per	☐ I give permission for my child to stay at school after hours to participate in Dance Club and be dismissed at 4pm.					
Signed						

Medical information form

Please complete and return to Miss Gallimore before first lesson.

Privacy Advice

The information provided on this form is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about your child who may participate in incursions, sporting activities or other education or school activities conducted by or in conjunction with your school.

The information will be used by officers of the NSW Department of Education and Training to assist in planning to support students, and minimise risks when conducting school incursions, sporting, or other school activities.

Other persons or agencies that may be provided with information include, but are not limited to, volunteers and members of external organisations who join with the school or are otherwise involved in the planning or delivery of the incursion, sporting or other school activity; and persons that may be called upon to provide health care treatment or other assistance during or as a consequence of such incursions or activities.

Provision of this information is not required by law, however, a failure to provide the information may mean that your child can not participate in a particular incursion or school activity. In such circumstances, the school will make available an alternative education experience.

Provision of the information will significantly assist the school in planning a safer educational activity. This information will be stored securely. If you have any concerns about provision of this information, please contact the school principal to discuss further. You may correct any personal information at any time by contacting the school office.

Studer	nt name Class					
Medicare Number – optional						
Parent or caregiver contact details						
Name:						
Addres	s:					
Home phone:Mobile phone:Mobile phone:						
Doctor contact details						
Name:						
Address:						
Doctor's telephone 12						
Emergency alternative contact/s details						
1.	Name:	Phone:				
2.	Name:	Phone:				