



St John Vianney's Primary School

ABN 33 128787 705

Namatjira Drive
WARAMANGA ACT 2611

Telephone: 02 6288 2383

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Email: office.sjv@cg.catholic.edu.au

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24/10/17

Dear Parents and Students,

Due to the large interest in dance in our school I am organising a voluntary excursion to see the National Capital Ballet School's production of the Nutcracker on Wednesday, November 15th 2017.

The excursion is open to all students from Yr 1 to Yr 6, who feel they would enjoy the experience and be able to sit quietly for 90 mins. The Nutcracker is a Christmas classic and both the story and the music are well known to many of the children.

The cost of the excursion will be \$20 for the performance ticket and \$5 for the bus.

Parents, carers and grandparents with WWVP cards are welcome to join us and the cost for them will be \$25, the same as the children.

If your child would like to attend please fill in the attached form and return it to the front office with the money by November 1st.

If you have any questions please do not hesitate to ask.

Sincerely

Mary Dietz-Mullamphy
(Performing Arts Coordinator)





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EXCURSION to: [The National Capital Ballet School's Performance of the Nutcracker at Erindale Theatre.](#)

DATE: [Wednesday, November 15th 2017](#)

REASON FOR EXCURSION: [To see a live ballet performance and engage with professional dancers.](#)

DEPART SCHOOL at: [11.20am](#)

RETURN TO SCHOOL at (approx): [2.00pm](#)

FULL SCHOOL UNIFORM

MODE of TRANSPORT: [Deane's Bus Service](#)

COST: [\\$20 for performance plus \\$5 for bus TOTAL \\$25](#)

SPECIAL INFORMATION: [This excursion is a voluntary excursion for those children who are interested in dance and able to sit still for 90mins.](#)

SIGNED: (Teacher/s) _____ Date: _____

PLEASE COMPLETE THE SLIP BELOW AND RETURN TO THE FRONT OFFICE AS SOON AS POSSIBLE.



(Name of child) _____ in class _____

has permission to participate in the excursion to [The National Capital Ballet School's Performance of the Nutcracker at Erindale Theatre](#)

on (date) [Wednesday, November 15th 2017](#)

I am available to assist. Please circle: **Yes** **No**

Name: _____

To assist on excursions you must have a valid Working with Vulnerable People (WwVP) Card and provide a photocopy to the school office and have enclosed the extra \$25 to cover my own ticket.

CONSENT TO MEDICAL ATTENTION: *In the case of an emergency, I authorise the teacher in charge, where it is impracticable to communicate with me, to arrange for my child to receive such medical attention as may be deemed necessary. I also undertake to pay costs which may be incurred for medical attention, ambulance transport and medication whilst my child is on the excursion.*

PARENT NAME: (please print) _____

SIGNED: (Parent/Guardian) _____ . Phone: _____