

Middleton Grange Public School

TERM 2 PYJAMA DISCO

Dear Parents and Caregivers,

On Thursday, 15th June, we will hold a disco - the theme is 'PYJAMAS'!
Students are invited to wear their **pyjamas/oodie/onesie** outfits.
Year 6 will sell glow sticks on the night to help accessorise and raise funds for our school!

Details of the event are below.

- When:** Thursday, 15 June (week 8, term 2)
- Where:** School Hall
- Who:** Current students at Middleton Grange Public School (*preschool and high school siblings are not permitted to enter the disco*)
- Time:** K to 2 and Dragonfly, Lightning, Boston, Ventura and Boomerang students are invited to dance up a storm from 4pm to 5pm
3 to 6 students will have their chance to hit the dance floor from 5:15pm to 6:15pm
- Cost:** **\$7 for a pre-paid** ticket which includes a juice popper and a packet of chips at the conclusion of the disco.
- Supervision:** Teachers and registered parent/carer helpers
- Please note:** *There will be no supervision outside of the hall during the discos. Parents and carers of Support Unit students will be invited inside the Hall to assist their child.*

Please complete the note attached and return it to the office as soon as possible to secure your child's ticket.
Students will receive their tickets from their classroom teacher on Monday, 12 June.

Kind regards, Miss Loren Fenato (Fundraising Co-ordinator)

Middleton Grange Public School

TERM 2 PYJAMA DISCO

I give permission for my child _____

of class _____ to attend the following school disco.

- K to 2 and Dragonfly, Boston, Ventura, Lightning and Boomerang students
- 3 to 6 students

- I understand that my child must be picked up promptly at the conclusion of the event.
- I understand that my child will receive a juice popper and a packet of chips at the conclusion of the event.

I have enclosed \$____ as payment for ____ ticket/s

Medical Information

I give permission for my child to receive medical assistance if required.

My child has the following medical needs (such as: travel sickness, asthma, allergy, medication):

Consent to Publish

I give permission for photographs of my child to be taken at this event. I understand these photographs may then be used in, *but not limited to*, the local media and school publications such as the newsletter, website, school App and presentation slideshows.

Parent/Caregiver's Name **and** Signature

_____/_____/_____
Date