Dear Parents

Students in grades 12J, 12F and 12W have the opportunity to participate in a 5 week Gymnastic Program beginning Thursday 2nd May.

Each session will begin at 2.30 and finish at 3.15.

The program will occur at Manningham DISC directly behind our school. The total cost for the 5-week program is $20.00 per student. **This is included in Term 2 Bulk Billing.**

We also require assistance from parents on these days. Could you please tick the date/dates below to indicate which days you are able to assist and return to your child’s teacher.

Thank you.

*Miss Farrugia, Ms Johnston and Miss Wilson*

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**Gymnastic Program – 12J, 12F and 12W**

I give permission for my child ______________________________ to attend the Gymnastic Program at Manningham DISC starting Thursday 2nd May.

In the event of any illness or accident, I authorise the obtaining on my behalf of such medical assistance as my child may require. I accept all operation, blood transfusions, and/or anaesthetic risks involved, and the responsibility for payment of any expenses thus incurred.

Parent’s Signature: ___________________________

Emergency number: ____________________________

**Parent Assistance:**

Parent Name: _____________________________

☐ 2nd May    ☐ 9th May    ☐ 16th May    ☐ 25th May    ☐ 30th May