Dear Parents

Students in grades 34E, 34M and 34P have the opportunity to participate in a 5 week Gymnastic Program beginning Thursday 2nd May.

Each session will begin at 12.30 and finish at 1.15.

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.
Ms Erskine-Behr, Mrs Pianta, Mr Pianta and Mr McKinlay

Gymnastic Program – 34E, 34M and 34P

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