Dear Parents

Students in grades FHW and FRG have the opportunity to participate in a 5 week Gymnastic Program beginning Monday 29th April.

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.
Mrs Hodgens, Mrs Wright, Mrs Gray and Mrs Rassias

Gymnastic Program – FHW and FRG
I give permission for my child ______________________________ to attend the Gymnastic Program at Manningham DISC starting Monday 29th April.

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: ____________________________

☐ 29th April  ☐ 6th May  ☐ 13th May  ☐ 20th May  ☐ 27th May