Tuesday 25 October 2022

**Year 6 Farewell Dinner**

Dear Parents and Carers,

The 2022 Year 6 Farewell Dinner will be held at Stonecutters Ridge Golf Club on **Thursday 15 December**. We ask that students arrive at venue by **5:30pm** for a 6:00pm start. The event will conclude at **9:00pm.**

For this event, students are asked to dress appropriately in smart casual wear with sensible shoes that will be comfortable to dance in. The theme for this years’ Year 6 farewell is ‘Glow in the dark’.

In the interest of keeping our students safe, we ask that parents and carers promptly drop students at the main entrance and then proceed immediately to the car park to minimise congestion. Staff will greet students at the main entrance and escort the students to the allocated assembly area. Once vehicles are parked parents are invited to meet their children in the assembly area for photo opportunities.

**There is no cost to attend, the event has been paid for with the funds raised throughout the year.**

Your child must be picked up **promptly at 9:00pm** from the function room, children will not be permitted to meet parents outside the venue.

Please complete all details on the permission note attached regarding medication and dietary needs. If your child requires medication to be given during the event, please supply this on the night.

Just a reminder that attending an out of school event is a privilege, as is the opportunity to represent Marayong Heights Public School in the community. Therefore, it is expected that all students who attend the Year 6 Farewell display exemplary behaviour in the lead up to the farewell and thereafter.

If you have any further questions or concerns, please do not hesitate to contact the office.

Thank you for your ongoing support and cooperation this year.

Kind regards,

Mr Rodas Mrs Plowman

Assistant Principal Principal

**2022 Year 6 Farewell Dinner**

**Permission Note, Medication, Dietary requirements**

**Permission:**

I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of class\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend the Year 6 Farewell Dinner at Stonecutters Ridge Golf Club on Thursday 15 December 2022.

Parent / Carer signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dietary Requirements**

*Please note: we cannot accommodate for food likes and dislikes. The information requested below is specific to health and religious reasons.*

My child is intolerant or has an allergy to the following foods:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child cannot eat the following foods due to religious reasons:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medication**:

My child usually takes medication in the evening between 6:00 – 9:00pm. Yes/No

If ‘Yes’, please fill in the Medicine /Tablet

**Medicine/Tablets**

|  |  |
| --- | --- |
|   | Time and Dosage – Please specify exact time of medication  |
| **Breakfast**  | **Lunch**  | **Dinner**  | **Before bed**  | **Other**  |
| Name  | Time  | Dose  | Time  | Dose  | Time  | Dose  | Time  | Dose  | Time  | Dose  |
| Eg Bricanyl  | 8am  | 2 puffs  | 12:30pm  | 2 puffs  | 6pm  | 2 puffs  | 8pm  | 2 puffs  |   |    |
|    |   |   |   |   |   |   |   |   |   |   |
|    |   |   |   |   |   |   |   |   |   |   |

Does any of this medication require refrigeration? If so, which medication?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I give permission for the required medications, as stated above, to be administered to my child.**

Parent / Carer signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**