

## **Applecross Primary School**

65 Kintail Road Applecross WA 6153

Phone: 08 6274 1850

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## **EASTWINDS MUSIC INCURSION**

## **Dear Parents**

The Western Australian performance group, Eastwinds, will be performing at Applecross Primary School on **Wednesday 19 August 2020**. The concert will begin at 9.45am for Year 3-6 students and 11.10am for Year 1-2 students.

The members of Eastwinds show students how to harness their creativity by expressing and sharing their personal experiences through music. An Estonian singer, Persian ney (flute) and daf (drum) player, a musical-instrument inventor and didgeridoo virtuoso draw on their own diverse cultural and musical backgrounds to create a sound that is uniquely theirs. In this special performance, teachers and students are given the tools to create and connect to each other through making music on the spot.

This performance is part of your child's learning program in music and builds on preparatory work done in the classroom, utilising the Eastwinds resource kit. The kit's teaching resources are linked directly to the Music curriculum, as well as other curriculum areas, especially Literacy and Languages.

The cost for each student will be \$9.50. This is a "Pay as you Go" item (refer to Table 2 of the School Charges and Voluntary Contributions schedule).

Please complete the Permission and Payment Form attached, together with correct money (if paying cash) and return to the locked box in the school office by Friday 14 August (or return the eForm which will be available on the App and pay by direct deposit – preferred option), in order for your child to participate.

Thank you

Skye Castle & Stephanie Bojanich Music Specialists 28 July 2020

## Parent Permission and Payment Form EASTWINDS MUSIC INCURSION

Where:	Applecross Primary School	
When:	Wednesday 19 August 2020	
Time:	9.45am or 11.10am	
	ill <b>be</b> \$9.50 <b>per student.</b> Please sign and ren) to the front office before Friday 14 Augu	eturn this permission slip and correct money (if st 2020.
	nd and understood the information regard 120 and give consent for my child to attend	ing the incursion at school on Wednesday 19 d the performance.
Child's Name:		Room Number:
Signed: (Parent/Guardian)		Date:
Phone Nu	mber:	
Ple PAYMEN	* CHEQUE - payable to 'Applecross Preferred option) * DIRECT DEPOSIT - ANZ BOORagoon B Name and Room No as reference an Applecross.ps@education.wa.edu.au	<u>imary School'</u> SB 016-267 Account No 3408 67399 ( <i>Please use your child's</i> <b>d</b> email confirmation <b>of payment to</b>
PLEASE CON	MPLETE ALL DETAILS: Payment Type: Cheq	ue Cash Credit Card Visa Mastercard
CREDIT CAR	D NO: (PLEASE PRINT CLEARLY)	
EVDIDY DAT	E: (PLEASE PRINT CLEARLY)	
LAFINI DAT	L. (FLEASE FRINT CLEARLY)	
	CARD HOLDER'S NAME	CARD HOLDER'S SIGNATURE