

Dear Parents

As part of the Visual Arts and Music curriculum, we have organised an incursion for students from Rooms 6,7,8,9,10, 11, 18 and 19. Run by REmida, this exciting hands-on workshop gives students the opportunity to design and make their own percussion instruments from clean industrial waste materials without using tape or glue. There is also a performance component which ties in with our Apple Express combined arts performance to be held in Week 10 with additional links to the Science/STEAM curriculum.



When: Wednesday 5 June 2019

SESSION	Time	Rooms
1	9:15-10:45	6,9,19
2	11:05-12:35	8,7,11
3	1:30-3:00	10, 18

The cost of this Workshop will be \$9.25 per student which includes materials.

If you give permission for your son / daughter to be involved in this creative hands-on workshop, please complete the Permission and Payment Form attached and return it along with payment by Friday 31 May. If you have any queries, please contact Mrs Hellemar (Art Specialist) or Mrs Bojanich (Music Specialist).

Natalie Hellemar, Stephanie Bojanich
Visual Art Specialist, Music Specialist
23 May 2019

Parent Permission and Payment Form

Creative Percussion Workshop 2019

Where: Applecross Primary School

When: 5 June 2019

The cost will be \$9.25 per student. Please sign and return this permission slip together with **correct money** (if paying cash) to the front office before 31 May 2019.

I have read and understood the information regarding the Creative Percussion Workshop on 5 June 2019 and give consent for my child to attend.

Child's Name: _____ Room Number: _____

Signed: (Parent/Guardian) _____ Date: _____

Phone Number: _____

PAYMENT OPTIONS * CASH

* CREDIT CARD - Visa & Mastercard

* CHEQUE - payable to '**Applecross Primary School**'

* DIRECT DEPOSIT - ANZ Booragoon **BSB 016-267 Account No 3408 67399** (Please use your child's **Name and Room No** as reference and email confirmation of payment to Applecross.ps@education.wa.edu.au)

PLEASE COMPLETE ALL DETAILS:

Payment Type: ☐ Cheque

☐ Cash

☐ Credit Card

☐ Visa

☐ Mastercard

CREDIT CARD NO: (PLEASE PRINT CLEARLY)

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EXPIRY DATE: (PLEASE PRINT CLEARLY)

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CARD HOLDER'S NAME

CARD HOLDER'S SIGNATURE