

Dear FIRST YEAR instrumental student, you are invited to attend the

**EASTERN HILLS AND DISTRICTS'
ANNUAL YEAR 5 TRAINING BAND WORKSHOP
FOR FIRST YEAR PLAYERS**

- When?** This annual 2 day workshop will be held on Tuesday 22 September and Wednesday 23 September 2020 (Week 10 - the last week of Term 3)
- Time?** 8:45am - 2:50pm on both days
- Where?** Eastern Hills SHS Music Centre, Keane St. Mt Helena
- Who for?** First Year players - usually Yr 5 or 6. This includes students not only with Education Department teachers but also those students who learn privately. Students are expected to have a regular weekly lesson.
- Which instruments?** Woodwind (flute, clarinet, saxophone) and,
Brass (trumpet, trombone, baritone/euphonium, tuba)
- Permission:** Please complete and return the attached *Permission slip* AND *Medical Information Form* to your PRIMARY SCHOOL OFFICE by **Friday September 11**
- Wear:** Your Primary School uniform (be prepared for cold weather)
- Bring:** Registration Form, instrument and maintenance equipment (eg. spare reeds, valve oil, slide grease etc.), tutor book with notation chart, display file (with a copy of the "Performance spotlight" pieces) , pencil and eraser, water bottle.
- Food:** Students need to provide their own morning tea and lunch.
(The School Canteen is not available as they no longer accept cash)
- Transport:** It may be possible for students to use school buses or parents may wish to organise transport "pools".
- Cost:** Free!
- Term 4:** For the first 5 weeks of Term 4 a Training Band will rehearse after school on Mondays at Eastern Hills SHS. It is anticipated that students will also attend this Band and perform in the EHSMS Middle School Concert on November 11 & 12.

**If you have any questions please ask your instrumental teacher or contact the
Eastern Hills SHS Music Dept on 9573 0300**

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ANNUAL YR 5 TRAINING BAND WORKSHOP 2020
FOR FIRST YEAR PLAYERS**

PERMISSION/REGISTRATION SLIP

Due to the Primary School Office on or before 11 September 2020

I give permission for my son/daughter :

_____ **School** _____
(student name)

to attend the Eastern Hills and Districts' Annual Yr 5 Training Band Workshop on Tuesday 22 September and Wednesday 23 September at Eastern Hills SHS.

- I am aware that any costs incurred as a result of accident or illness are a parent's.
- I acknowledge the student health information provided is correct and agree to inform the school of any change to my child's health and fitness before the scheduled excursion.
- I authorise staff to arrange emergency medical attention for my child if required.

Parent/Guardian: _____ **Signature:** _____

Date: _____

Telephone: Mobile: _____ Home: _____

Medicare No. _____

EMAIL: _____
(newsletters to be sent to this address)

INSTRUMENTAL TEACHER(S) Name: _____

MAIN INSTRUMENT _____ **Other:** _____

MY CHILD'S PHOTO MAY DISPLAYED PUBLICLY: YES ☐ NO ☐

VIDEO FOOTAGE OF MY CHILD MAY BE DISPLAYED PUBLICLY: YES ☐ NO ☐

*Please complete Student Health Form on the reverse side...



STUDENT HEALTH FORM

STRICTLY CONFIDENTIAL

This information, that is required for each student participating on the excursion, will assist the school and supervising teachers in the preparation and planning of an excursion.

STUDENT DETAILS

Student's name: _____

Date of birth: _____

Parent/guardian's full name: _____

Address: _____ Postcode: _____

Telephone no. – home: _____

– work: _____

– mobile: _____

Name of family doctor: _____

Telephone no: _____

Medical details

Is your child subject to seizures, fainting, epilepsy, diabetes or any other condition that may affect his or her safety during the excursion

Yes ☐ No ☐

If "yes", please give details:

Is your child allergic to:

Penicillin

☐

(Please give details)

Any other drug

☐

Any food

☐

Other

☐

Date of last tetanus vaccination: _____

Medication

Parents/guardians are requested to make arrangements with the teacher-in-charge for the safekeeping and handling of prescribed medications prior to the excursion.

Is your child presently taking tablets and/or other forms of prescribed medication?

Yes ☐ No ☐

Does your child self-administer the medication?

Yes ☐ No ☐

If "yes", state name of medication, dosage and frequency of use:

Does your child have a current Health Care Authorisation Plan at school?

Yes ☐ No ☐

Other information

Please provide any other information about your child which will enable the organisers of the excursion to provide better care for your child. Eg. Food restrictions, vegetarian etc.

PLEASE RETURN TO YOUR PRIMARY SCHOOL OFFICE BY 11/9/20