



Tuggerah Public School

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12 Jun 2025

Dear Parent / Carer,

Central Coast Dance Festival Evening Performance - Show C

It's performance time for the Central Coast Dance Festival! Our students have been rehearsing every week for this night, and we are excited to showcase our dance for the public.

Date: Wednesday 25th June 2025

Time: Dancers are required to be at Laycock Street Theatre by 5.30pm. First performance will be 6.00pm. Second performance will commence at 8.00pm (performers are required for both shows). Aboriginal Dance Group members can be collected from 8.15pm, immediately after their performance.

Venue: Laycock Street Theatre, 5 Laycock Street, Wyoming.

Transport arrangements: Own arrangements via parent/carers private transport.

Dress: Dancers to arrive in their dance costumes (girls - strapless dress; boys - black shorts and black singlet). Please bring a jumper to wear in between performances and closed in shoes.

Hair: Off the face and out (no buns, ponytails or braids).

Makeup: No makeup.

Permission Note due no later than: Friday 20th June 2025.

What to bring / Clothing: Please bring a small bag with snacks, a drink bottle and money for McDonald's, if permission given (no more than \$20).

Food: We are planning, as in previous years, to walk the students from Laycock St Theatre to McDonald's in between the 6pm and 8pm shows for the students to have dinner. All students will need to stay together and will be accompanied by attending staff. If your child has special instructions regarding purchasing food at McDonald's, please provide specific details in the permission question area. Please send an appropriate amount of money with your child to purchase a snack or meal whilst at McDonald's.

Additional:

In the event of injury, no personal injury insurance cover is provided by the NSW Department of Education for students in relation to school sporting activities, physical education lessons or any other school activity. The Department's public liability cover is fault-based and limited to breaches by the Department of its duty of care to students that may result in claims for compensation. The NSW Supplementary Sporting Injury Benefits Scheme, funded by the NSW Government, provides limited cover for serious injury resulting in the permanent loss of a prescribed faculty or the loss of use of certain prescribed parts of the body. The Supplementary Scheme does not cover medical costs or dental costs. Further information can be obtained from <https://www.icare.nsw.gov.au/injured-or-ill-people/sporting-injuries/payments/#gref>

Ms Ingram, Mrs Allen
Activity Organisers

Sharlene Percival
Principal

Return permission slip to the office by Monday 30th June 2025.

I give / do not give permission for _____ of class _____ to attend the Central Coast Dance Festival Performances at Laycock Street Theatre on Wednesday 25th June 2025. I understand the transport arrangements for this activity are own arrangements via parent/carer private transport.

- I give permission for my child to walk to McDonald's during the break between performances: YES / NO
- My child is only permitted to purchase the following from McDonald's (leave blank if no restrictions):

- I acknowledge that my child will receive first aid or medical care during the event if required. The NSW Ambulance Schools and Group Cover Scheme 2024 (ASGCS) is an insurance policy that provides coverage for emergency ambulance services to NSW public school students attending approved, fully supervised school activities.
- I acknowledge my child has no medical condition or injury that places them at risk by participating in this event.
- I can confirm that I understand that, in the event of injury, no personal injury insurance cover is provided by the NSW Department of Education for students in relation to school sporting activities, physical education lessons or any other school activity.
- If my child is diagnosed with concussion at any time, I must inform the school and provide a medical clearance to support their return to sport and physical activity. If my child experiences a suspected concussion during a school activity, they will be removed from the activity and medical follow-up recommended.

Signed (parent/carer): _____ Date: _____

Parent's daytime contact no.: _____

Please list any medical issues we need to be aware of in relation to this activity: