

# Whole School Footsteps Program



Tuesday 28<sup>th</sup> February 2017

Dear Parents/Guardians,

**Description:** Every student is required to participate in a program catered by the Footsteps Company. They will join in with a variety of instructional lessons aimed at improving students' arm and leg co-ordination. Students participate in 5 fun filled sessions commencing week one of term 2. Students will also be taught a variety of different moves and techniques to music over the course.

**This program forms a part of the Physical Education curriculum and it is important that every student be given the opportunity to participate.**

**The program will contribute to the overall result in the Physical Education subject in your child's report.**

At the end of the program students will be able to attend a disco that will be held in the afternoon on Tuesday 30<sup>th</sup> May 2017. A further notice will be sent home in term 2 with more information.

**When:** Tuesday 18<sup>th</sup> April (**first day of Term 2**), Tuesday 2<sup>nd</sup> May, Tuesday 16<sup>th</sup> May, Tuesday 23<sup>rd</sup> May & Tuesday 30<sup>th</sup> May 2017.

**Where:** Beaconsfield Primary School Gymnasium

**Cost:** \$15.00 any parents who may experience difficulty in paying, are invited to contact Gary Methven, Linda Amos or Heidi Inglis **before** the **due date** to discuss further.

**Time:** Each year level will participate in 5 x 40 minute session during school hours – to be timetabled.

**Special requirements:** Nil

**Due date for notice and money:** 9.00am Friday 24<sup>th</sup> March 2017

Regards,  
**Heidi Inglis**

(Please return to school by 9.00am **Friday 24<sup>th</sup> March 2017**)

## Beaconsfield Primary School – Whole School Footsteps Program

Student's name: ..... Student's Grade .....

I enclose **\$15.00** as full payment for the incursion

Method of Payment (please tick): Cash  Chq  Credit Card/EFT  BPAY

**If using BPAY method, please make sure you send the permission note back the next day.**

I consent to my child taking part in the Footsteps Program and where the teacher in charge of the incursion is unable to contact me, or it is otherwise impractical to contact me, I authorise the teacher in charge to:

- Consent my child receiving such medical or surgical attention as may be deemed necessary by medical practitioner,
- Administer such first-aid as the teacher in charge may judge to be reasonably necessary.

Contact number for this incursion: .....

Signature of parent/guardian: .....

Date:.....

The Department of Education and Training requires this consent to be signed for all students attending school incursion/excursions.