



# CLEMTON PARK PUBLIC SCHOOL

*Pursuing Excellence*

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## COS Band Workshop

<b>Date:</b>	Wednesday, 13 <sup>th</sup> September	<b>Who:</b>	Intermediate and Concert Band
<b>Location:</b>	Kingsgrove North High School	<b>Arrival Time:</b>	<b>9:15am</b> (students to meet in the KNHS Hall)
<b>Workshop:</b>	9:30am – 4.30pm	<b>Concert:</b>	5-6pm (approx. finish time) - Parents/carers are welcome
<b>Transport:</b>	Parents to drop off and pick up students ( <u>students are to be signed in and out</u> )	<b>Wear</b>	School uniform, including school hat
<b>Cost:</b>	\$20 to offset music and band director costs <b>Due:</b> 8 <sup>th</sup> September	<b>Bring:</b>	Your instrument, a labelled music stand, music folder and recess
<b>Lunch:</b>	Pizza provided (unless you would like to bring your own food)	<b>Afternoon tea:</b>	Cheese toasties and fresh fruit provided (unless you would like to bring your own food)

**Please bring only a small bag on the day.**

Ediva Hong & Colleen Byrne

Band Coordinators

[cpps.bands@gmail.com](mailto:cpps.bands@gmail.com)

Paul Robinson

Principal



**CoS Band Workshop – Permission and Payment Slip**

I give permission for my child \_\_\_\_\_ in class \_\_\_\_\_ to attend the **COS Band Workshop** for the **Intermediate and Concert Band** on **Wednesday 13<sup>th</sup> September 2023** at **Kingsgrove North High School**.

I understand that it is **own transport** to and from KNHS and the cost is **\$20**.

The last day of payment will be: **Friday, 8<sup>th</sup> September 2023**  
(3pm cash/cheque OR 6pm POP)

My son/daughter requires medication: YES / NO

My child will bring \_\_\_\_\_ on the day.  
(Type of Medication)

My child will bring \_\_\_\_\_ on the day.  
(Type of Medication)

- I am **able** to transport my own child and can assist with the transport of other \_\_\_\_\_ student/s. (number)
- I am able to transport my own child but **unable** to assist with the transport of other students.
- I am **unable** to transport my own child. I give permission for them to travel with another parent and their child.

Signature of Parent/Carer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Carer: \_\_\_\_\_ Date: \_\_\_\_\_

Cash/Cheque by 3pm  
Enclosed in an envelope

Online Payment by 6pm  
Follow instructions below

**PAYING ONLINE? Go to <http://www.clemtonpk-p.schools.nsw.edu.au/> and click MAKE A PAYMENT**

1. Complete each section
2. Under "**Payment Type**" please select **Creative & Practical Arts**  
In the "**Description**" box, please type **COS Band Workshop**
3. Complete the **Card Details** and record the receipt number here \_\_\_\_\_
4. Return this note to the Money Box