



CLEMTON PARK PUBLIC SCHOOL

Pursuing Excellence

ABN: 55 922 166 723

PRINCIPAL: Paul Robinson

Tel: 9718 4483

Fax: 9718 8703

185 Bexley Road, Earlwood NSW 2206

EMAIL: clemtonpk-p.school@det.nsw.edu.au

WEBSITE: www.clemtonpk-p.school.nsw.edu.au

COS Band Workshop

Date:	Wednesday, 3 rd September	Who:	Starter Band & Concert Band
Location:	Kingsgrove North High School 2 St Albans Rd Kingsgrove	Arrival Time:	9:15am (students to meet in the KNHS Hall)
Workshop:	9:30am – 4.30pm	Concert:	5-6pm (approx. finish time) Parents/carers are welcome
Transport:	Parents drop off & pick up (<u>students to be signed in & out</u>)	Wear	School uniform, including school hat
Cost:	\$20 to offset music and band director costs Due: Monday 1 st September	Bring:	Your instrument, a labelled music stand, music folder and recess, a small bag.
Lunch:	Pizza provided (unless you would like to bring your own food)	Afternoon tea:	Cheese toasties & fresh fruit provided (unless you would like to bring your own food)

Mrs Byrne
Coordinator

P. Robinson
Mr Robinson
Principal



CoS Band Workshop CB & SB – Permission and Payment Slip

I give permission for my child _____ in class _____ to attend the COS Band Workshop on Wednesday 3rd September 2025 at Kingsgrove North High School.

I understand that I will transport my own child to and from KNHS (see below).

The cost is \$20.

The last day of payment will be: Monday, 1st September 2025. (3pm CASH or 6pm Online Payment through Sentral parent portal).

My son/daughter requires medication: YES / NO

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.
- ☐ 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: _____