




MOUNT WAVERLEY HEIGHTS PRIMARY SCHOOL

36 Solomon St, Mount Waverley, VIC, 3149
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Monday 21st November 2016

Dear Year 6 Parents,

Year 6 Graduation Evening

On Thursday the 15th of December a dinner for all year 6 students will be held in the Early Years Centre (Building E) at 6:00pm. This will be catered for and staff will be tending to the serving of food and supervision of students.

A Graduation Ceremony, consisting of student speeches, songs and presentations for each student, will follow this. Parents and close family members are invited to attend and this event will be held in the Performing Arts Centre from 7:15pm onwards. It is suggested that young children are not in attendance during this evening event.

Between 6:00pm and 7:15pm parents are welcome to bring a picnic rug and a plate of food to mingle in the Dream Space before the ceremony commences. This will be a parent run event therefore any setting or packing up will need to be done by those who attend.

To conclude the night, tea, coffee and Graduation cake will be served to all families during which there will be time for students to socialise and families to mingle and reminisce about their children's years of primary school. This event will conclude at approximately 9:30pm.

Important Information:

- The dress code for this event will be smart-casual.
- Please take note of the maximum number of guests for this event as we have only catered for a certain amount of guests.
- It is suggested that young children are not in attendance during this evening event to be fair to the Year 6 students who will be making speeches and presentations throughout the evening. If younger brothers and sisters need to attend the evening they must be able to sit still and quietly for an extended period of time.
- It is a family decision as to whether an individual student would like to invite their younger brothers and sisters.
- It is expected that each student will only invite close members of their family along to the Graduation Ceremony; this is to ensure there is sufficient seating available for every family, and room for performances.
- In order to assist with catering of the supper and setting up of the PAC, **could you please indicate on the reply slip attached, the names of family members that your child will be inviting along to the Graduation Ceremony, 7:15pm on Thursday 15th December 2016.**

Cost for the Graduation

The Mount Waverley Heights Graduation budget will cover most of the cost of the Graduation event, however to fund the entire Graduation Event for 2016 (including the student dinner, presentations for each student, decorations, supper, the graduation cake, etc). A small fee of \$15 is required. Please return this payment by Thursday 1st of December, in order to confirm your child's place and finalise our booking.

If you have any questions or queries, please do not hesitate to contact me at school in person or via your child's diary. We look forward to this exciting time of year for our students and families.

Kind regards,
Lindsay Hannah
Year 6 Graduation Co-ordinator



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Payment Information

(Please make your payment of \$15 per student by Thursday 1st of December with permission slip and medical form attached)

Child's Name: _____

Total money enclosed: \$15.00 cash/cheque/EFTPOS details (fill in slip below if needed)

EFTPOS Payment Form – Mount Waverley Heights Primary School Payment for: Graduation		
<u>Debit My:</u>	<input type="checkbox"/> Mastercard:	<input type="checkbox"/> Visa
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Amount: \$ 15.00	Card Expires:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Signature: _____	Name:	_____

Attendance at Graduation Ceremony 7:15pm-9:30pm, Thursday 15th December:
(please return by Thursday 1st December)

Student Name:	
Names of family members attending (maximum of 4):	



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Year Six Graduation Evening

(Please return by Thursday 1st of December)

Medical and Permission Information

PAYMENT:

Graduation: (PLEASE TICK) CASH EFTPOS (office) EFTPOS form

I give permission for my child to attend the **Graduation Dinner & Ceremony at Mount Waverley Heights Primary School on the 15th of December, 2016**. I authorise the teacher/s in charge of the excursion to consent, where it is impractical to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary. I understand that the Department of Early Childhood Education & Development does not provide student accident cover insurance.

Student's Full Name: _____ Class: _____ Date of Birth ___/___/___

PLEASE TICK IF YOUR CHILD SUFFERS ANY OF THE FOLLOWING:

Fits of any type <input type="checkbox"/>	Blackouts <input type="checkbox"/>	Travel Sickness <input type="checkbox"/>	Dizziness <input type="checkbox"/>
Migraines <input type="checkbox"/>	Asthma <input type="checkbox"/> (If your child has asthma, regardless of the frequency, a copy of a current asthma plan must be attached. Ventolin, or other prescribed medication, must be carried by your child or staff on this excursion.)	Allergy (e.g. bee/wasp, nuts, Penicillin, other) <input type="checkbox"/> Allergic to: _____ Epipen: Y <input type="checkbox"/> N <input type="checkbox"/>	
Other <input type="checkbox"/> please specify: _____			

NB: Please ensure the school has a current Asthma Management Plan or Anaphylaxis Plan. (If applicable)

Special care is recommended: _____

Is your child currently taking any medications? Yes / No

If yes, please state the name of and dosage of medications: _____

Emergency name: _____ Emergency contact number on the day: _____

Emergency Contacts are people that Sussex Primary School may need to contact in an emergency. Please ensure that the people named are aware that they have been nominated as emergency contacts and agree to their details being provided to Mount Waverley Heights Primary School.

Parent's Name: _____ Signature: _____ Date: _____

This confidential form asks for personal information about your child. The main purpose for collecting this information is so that Mount Waverley Heights Primary School can allocate staff for supervision and it assists us to properly care for your child. The school depends on you to provide all relevant health information. Withholding some health information may put your child's health at risk. The school will use this information if your child is involved in a medical emergency. This medical form must be current when the excursion is run. Parents are responsible for all medical costs if a student is injured on a school approved excursion unless the Department of Education and Early Childhood Development is found liable (liability is not automatic). Parents can purchase student accident insurance cover from a commercial insurer if they wish to. All staff at Sussex Heights Primary School and the Department of Education & Early Childhood Development are required by law to protect the information provided on this form. All information is held in confidence.