Somerville Secondary College
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Somerville Secondary College
The Beyond Blue "School Disco" – Friday, 28th July 2017

Dear Parent/Guardian,

We'd like to invite your son/daughter to the Somerville Secondary College Senior VCAL "School disco" to help raise money/awareness for The Beyond Blue foundation, a group that helps people with depression and other mental illnesses. The event will include age appropriate music, food, drinks, dancing, and games. There will be supervising staff from Somerville Secondary, along with Senior VCAL students. Students will be required to complete and hand in this permission form to receive a ticket. Tickets are on sale for $5 each. This includes a free hot food set (party pie and sausage roll) and one free cordial. The ticket will have to be presented on the night at the door to receive the benefits. This disco will be following the theme of blue so students are encouraged to wear something blue.
This disco has 2 sessions for Senior and Junior school students which each have different times.

JUINOR (Prep-Grade 3)
5pm-6:30pm

SENIOR (Grade 4-Grade 6)
7pm-8:30pm

Other items for sale on the night will include:

Snacks	Glow sticks
Hot food	Cordial

Event Location: Somerville Secondary College Gymnasium

Yours sincerely,

Ebony Gruar + Serena Mann
on behalf of Somerville Secondary College
Senior VCAL

Catherine Arnold
Acting assistant Principal

PERMISSION FORM – SSC School disco for Primary Schools

Student Name: _____ Grade: _____

I consent to the teacher(s) in charge of the activity, where it is impracticable to communicate with me, to authorize the student receiving such medical or surgical treatment as may be deemed necessary, and I will pay the costs of such treatment. Should the services of an ambulance be required, I will accept all costs involved. In the unlikely event of my child's misbehaviour, I will collect or promptly arrange to collect my child from the activity and I will accept all costs incurred.

Parent/Guardian's Signature: _____

Emergency Contact Name & Phone Number: _____

Medical
Concerns/Allergeies: _____