

Date: 2nd September, 2019

KOOL SKOOLS 2019

CHANGES TO VENUE

Dear Parent/Caregiver

We have had to make significant changes to the program this year as the studio we usually go to has officially closed down. As a result we are now going to **A Sharp Recording Studios** 1/339 Belmore Rd, Riverwood NSW 2210 to record this year's album.

PLEASE NOTE: *The new format means each student will only attend 1 day but they will have significantly more time in the studio recording their songs.*

Day and Date	Monday 21st October - 8.00am - 7.00pm (max. 11 students) Tuesday 22nd October - 8.00am - 7.00pm (max. 11 students) Wednesday 23rd October 8.00am - 7.00pm (max. 15 students)
Location	A Sharp Recording Studios 1/339 Belmore Rd, Riverwood NSW 2210
Cost	\$150 <i>Minimum deposit of \$50 to be paid by the end of TERM 3 to reserve your place.</i>
Departing 8.00am from	Canterbury Girls High School
Return	Please select an option on the return slip.
Travel	The School Bus. (11 Students) On Wednesday, Ms Wilson will drive and 4 students will travel to the venue with her.(4 extra students on Wed only)
Teachers attending	Louise Flannery, Kate Wilson
Uniform	Mufti
Equipment	Own instruments if required for recording and Lunch/Money
Additional Information	If picking up from venue you must be there for 6.30pm

If you require additional information regarding your daughter's participation in Kool Skools, please contact Ms Flannery on 9718 1805, mob 0423 148 592 or email louise.flannery@det.nsw.edu.au

Yours sincerely,

Olive Barry
Head Teacher CAPA

Louise Flannery
Music Teacher

Please return to The CAPA Department Music Notes Box.

I hereby consent to **NAME:****YEAR**participating in KOOL SKOOLS 2019 and please pay your \$150 (This can be paid in installments with minimum deposit of \$50) to Office C. For more information contact Ms Flannery in the CAPA department.

Please tick the travel option which best suits you;

1. **Dismissed from Venue.**

2. **Dismissed from Canterbury Station.**

3. **OTHER (please give details).....**

Special needs of my daughter of which you should be aware (eg allergies, medication etc)

Please provide full details:

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Parent/caregiver signature:

Online payment/receipt number _____