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| http://t3.gstatic.com/images?q=tbn:t173UVGmHZgNMM:http://cpahs.nsw.edu.au/Home_files/School LogoMAROON.jpg&t=1 | Campbelltown Performing Arts High SchoolBeverley RoadCampbelltown NSW 2560Email: campbellto-h.schoool@det.nsw.edu.auPhone: (02) 4625 1403 Fax: (02) 4625 5986 |  |

**BookFest Incursion Note**

Dear Parent/Caregiver,

On June 6– 8 the Library has organised an incursion for your child to be held in the school library. Students will participate in BookFest virtually via Connected Classroom technology.

This event is hosted by Premier’s Reading Challenge to promote reading for pleasure and ultimately literacy. During this event students will have the opportunity to interact virtually with notable Australian authors.

This incursion is part of the school program and is highly recommended.

The incursion will occur in the school library during school hours.

School uniform will be required. Students wearing inappropriate clothing will not be permitted to attend.

Cost: Nil

Head Teacher: Fran Halloway Organising Teacher: Cathy Costello

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**CAMPBELLTOWN PERFORMING ARTS HIGH SCHOOL**

Please return this section to Ms Costello in the Library by Monday 5 June 2017

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Roll Call: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE COMPLETE THIS PERMISSION SLIP AND RETURN TO MS COSTELLO**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission for my son/daughter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

to attend the BookFest in the school library. My child will be attending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ session on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date).

I give/do not give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be recorded for Premier’s Reading promotional purposes.

Does your child have any medical condition that may affect him/ her on this incursion?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Caregiver signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_