



Seven Hills West Public School

Respectful, Safe, Responsible Learners



Dear Parents/Caregivers,

The Year 6 Graduation Dinner will be held at our *Seven Hills West Public School's hall on Wednesday 12th December*, commencing at **6.00pm** and finishing promptly at **9pm**.

Students are asked to arrive between **5.30pm and 6.00pm** and move directly into the hall. Dress for the occasion is smart casual with no thongs, torn jeans or midriff tops.

Parents are invited to attend the event at **8:30pm** to watch their child graduate.

As a result of Stage 3's fundraising from the Challenge Expo Day, the cost of the Year 6 Graduation Dinner has been reduced to **\$20.00 per child**.

Payments are to be made to the school office no later than **Friday 30th November**. Late payments **will not** be accepted after this date.

If you are unable to attend the graduation ceremony at **8.30pm**, **your child must be picked up promptly at 9pm from school hall**. Students will **NOT** be permitted to meet parents outside the school gates.

~As with all school events, students' attendance is conditional on their behaviour at school. Students who do not meet the school's behavioural expectations will be issued with a full refund as they will not be attending~

If you have any further queries please don't hesitate to contact the school.

Kind regards,

Ms K Becker
Principal
12.11.18

Mrs P Jade-Pierce
Assistant Principal

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Year 6 Graduation Dinner 2018

Please return this form with the payment to the front office no later than Friday 30th November

I hereby give permission for my child _____ of class _____ to attend the Year 6 Graduation Dinner at **Seven Hills West Public School's hall on Wednesday 12th December**.

- Enclosed is **\$20.00** for the cost of the evening.
- I have made an online payment with Receipt Number
- I understand that the event concludes at **9pm** and that **I will need to collect my child from the school hall**
- (Please tick if relevant)** My child requires a **vegetarian main meal**
- List any special dietary requirements**

Signed:
(Parent/Caregiver)

Date:

