



# Seven Hills West Public School

Respectful, Safe, Responsible Learners

## Stage 3 DANCE2BFIT PROGRAM!



Dear Parent/Caregiver

As a part of our school's PDHPE unit of work in Term 4, your child is invited to participate in *Dance2Bfit*. The details are as follows:

**Dates:**

Thursday 17 <sup>th</sup> October 2019	Thursday 24 <sup>th</sup> October 2019	Thursday 31 <sup>st</sup> October 2019	Thursday 7 <sup>th</sup> November 2019
Thursday 14 <sup>th</sup> November 2019	Thursday 21 <sup>st</sup> November 2019	Thursday 28 <sup>th</sup> November 2019	Thursday 5 <sup>th</sup> December 2019

**Where:** Seven Hills West Public School Hall.

**Time:** Each class participates in one 40 minute session each Thursday for 8 weeks.

**Cost:** **\$26.00 per child**

(This includes the DJ, sound system and disco lights at the Farewell)

*Dance2Bfit* has been developed specifically for NSW Primary Schools under the PDHPE syllabus. Students will learn a range of routines suitable for their age and ability level as well as develop their confidence and skill in this area of the Arts. The program is energetic, innovative and a fun way for our students to get fit and funky, learning the latest dance styles to great music. *Dance2bfit will be preparing our Stage 3 students for their Year 6 farewell.*

Please sign the permission note below and return with payment to the office by **Friday 27th September 2019**.

Attendance at this event is dependent upon behaviour and is at the discretion of the school executive.

This activity has the approval of the Principal.

Ms K Becker  
Principal  
11.09.19

Mrs P Jade-Pierce  
Assistant Principal

Mrs N Rosario  
Event Coordinator

✂.....✂

### SEVEN HILLS WEST PUBLIC SCHOOL Dance2Bfit Program

I give permission for my child .....of class .....to participate in the Dance2Bfit Program at Seven Hills West PS in Term 4 from 17<sup>th</sup> October (Week 1) to 5<sup>th</sup> December (Week 8), 2019 between 9am and 11am.

- Enclosed is \$26.00 to cover the cost of **dance participation**.
- I have made an online payment with Receipt Number .....
- My child has the following special medical/dietary needs:  
.....  
.....

Signature: .....

Date: .....

Parent/Caregiver

Cnr Lucas Road and Sackville Street Seven Hills NSW 2147  
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A Proud PBL School (Positive Behaviour for Learning)