



ST GREGORY'S COLLEGE CAMPBELLTOWN

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26 February 2019

Dear Year 7 Parents and Carers,

We would like to invite the Year 7 students from St Gregory's College and St Patrick's College to a "Twilight Dance" to be held at St Gregory's College in the Brother Luke Hall on **Wednesday 13 March 2019 from 5:00pm to 7:30pm**. Dress code for the evening will be neat casual.

Ticket cost is **\$10 per student** which includes a bar-b-que dinner, cooked by parent volunteers. Tickets will be available from the Finance Office (near the College Chapel) in Week 6 of Term 1 from Tuesday 5 March to Friday 8 March. Sales of tickets will occur before school, at recess, during lunchtime and after school. **Please bring your signed permission note when purchasing tickets.**

Supervision will be provided by teachers from both schools, along with senior students to help the Year 7 students to have a great night. Students will need to present their ticket and ID at the door when arriving at the dance.

Dropping students off at the Brother Luke Hall can begin from 4.45pm and the dance will end promptly at 7:30pm for pick up. Parents can park in the school car park or behind the basketball courts and gather on the grass outside the Brother Luke Hall for collection. Senior students will direct cars to make this process easier.

We look forward to a night full of fun and enjoyment for our Year 7 students. Please feel free to contact me at the College if you have any questions.

Yours sincerely,

Alison Buckley

Parent Liaison

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THIS RETURN SLIP TO BE COMPLETED AND SIGNED BY A PARENT/CARER – RETURN TO FINANCE WITH PAYMENT

Year 7 Dance – Wednesday 13 March at St Gregory's College CAMPBELLTOWN

I give permission for my son: _____ of Year _____ and Homeroom: _____
to attend the **Year 7 Twilight Dance at St Gregory's College on Wednesday 13 March 2019 from 5.00pm to 7:30pm**.

I understand that supervision will finish at the conclusion of the dance and I have made suitable arrangements for the collection of my child. I give permission for staff of St Gregory's College/St Patrick's College to provide any necessary medical treatment due to accident or illness.

Parent signature: _____ **Date:** _____

Parent name (please print): _____

Parent emergency contact number on the night: _____

Medical concerns, allergies or dietary requirements: _____