



Dear Parent/Carer

5 March 2020

All IMP ensembles will be performing at The One Concert at Sydney Secondary College Leichhardt Campus on Thursday 2 April 2020. All parents and carers are invited to join us for this evening of music.

Event: The One Concert
Date: Thursday 2 April 2020 (Week 10)
Address: Sydney Secondary College Leichhardt Campus
Arrival Time: 5:30pm at the Leichhardt campus hall
Performance: 6:30pm
Conclusion: 8:30pm
Travel: Own way to and from the venue
Dress: **IMP Formal Uniform:** IMP logo formal shirt, IMP tie (boys AND girls), long black dress pants (no jeans or sweat pants), long black socks (no ankle socks), black dress shoes (no joggers).

Year 7 parents: Please bring some biscuits, cake, slices, crisps or other treats which will be handed in to our catering volunteers prior to check-in to be stored and prepared for an after-show feast. **Please note: All food must be nut-free and have a full ingredient list attached. Unfortunately any food which doesn't comply will not be able to be served.**

Please return the permission note via email to sscimp@det.nsw.edu.au or by handing in at the Leichhardt front office.

Yours sincerely

Ms Belinda Conway
Principal, Leichhardt campus

Mr Cameron Barnett
SSC IMP Music Administrator (on behalf of the Music Director)

One Concert 2020

I give permission for _____ to participate in **The One Concert at Sydney Secondary College Leichhardt Campus on Thursday 2 April 2020.**

<p align="center">Special needs of my child of which you should be aware. <input type="checkbox"/> Tick the relevant box(es) and provide full details. Additional information provided on a separate sheet(s) attached – Yes / No (Please circle)</p>				
<p>Please complete fully and accurately as the teacher will refer to this information before and during the excursion.</p>				
	Illness or medical condition		Medication required	
	Disability		Student carrying medication	
	Allergy		Mobile number in case of emergency	
	Dietary condition		Anaphylaxis	Student will/will not supply own EpiPen
	Injury		Other	

Parent/Carer Name: _____ Signature: _____ Date: _____