Dear Parents/Guardians,

Point Cook College P-9 will be hosting a “Beach Party” themed Disco and we invite all students to attend. Details are as follows:

**Year 4, Year 5, Year 6 Students**

**Time:** 7:00pm – 8:30pm  
**When:** Thursday 10th September  
**Where:** Gym  
**Cost:** $5 - admission

There will be many things happening during the night including a DJ, dance competitions, best dressed and best dancer awards and fun beach themed games.

All of the proceeds from the disco will be donated to the State Schools Relief Fund who provide support to disadvantaged and underprivileged students in Victoria.

We ask that all students are dropped off and picked up from Tom Roberts Parade, as the only entry into the gym will be via the Stephanie Alexander Kitchen Garden. The staff carpark will be closed during this time for safety reasons. Please ensure you are prompt when dropping off and picking up your child/ren. Parents must collect their child/ren from the gym. Students will be supervised by PCC staff and not be permitted to leave the gym unless accompanied by a parent/guardian. **THERE WILL BE NO PASSOUTS.** All students will be given a wristband at the end of the day on Thursday afternoon. They MUST ensure they are wearing this to enter the disco. **NO WRISTBAND NO ENTRY.**

We look forward to sharing this awesome event with your child and seeing the creative “Beach Party” themed costumes/clothes that they will be wearing on the night. We thank you for cooperation with our event. Let’s make it a huge success together!

If you would like your child to attend please **sign and return the below slip and payment to their homeroom teacher no later than Monday 7th September.** If you require any further information or have any questions please email the disco team at **disco@pcc.vic.edu.au**

Regards,  
The Disco Team  

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**BEACH PARTY DISCO**

I give permission for my child ………………………………. in class……………… to attend and participate in the Halloween Disco on Thursday 10th September 2015. I enclose $5 payment to cover the costs for this event.

In the event of illness or injury to my child whilst at this incursion I authorise the teacher in charge of my child, if unable to contact me or it is otherwise impracticable to contact me, to consent to my child/ren receiving such medical or surgical attention as may be deemed necessary by a medical practitioner.

**Relevant medical information ________________________________**

My contact telephone number on this day will be ________________________________

Name of Parent/Guardian (Please Print) ________________________________

Signature (Parent/Guardian) __________________________ Date: ___________