

## **Expression of interest- Excursion to watch Starstruck**

## Dear Parents/Carers

This year Newcastle East Public school is participating in Starstruck No Limits. Star Struck is a NSW Department of Education annual performing arts event for the Hunter and Central Coast. It is a large scale production showcasing dance, drama and music performed by students from Kindergarten to Year 12 from a vast network of NSW public schools.

Star Struck provides performance and learning opportunities for students in the arts and fosters an appreciation of the performing arts. The program brings together students from very small Primary Schools to large comprehensive High Schools from diverse backgrounds. Our dance groups have successfully auditioned to have the opportunity to participate as part of mass dance items. Star Struck is one of the largest performance events presented in the area and, as such, is a unique opportunity enjoy the very best of Creative arts performed by our regions public schools.

This year we are hoping to take a group of children to watch the Matinee performance of Starstruck on Friday 14 June at the Newcastle Entertainment centre. Travel would be by bus. The show commences at 10:30 and the bus will leave from the Newcastle Entertainment centre at 2pm to bring the students back to school.

We will be taking limited numbers of students. The cost of the excursion will be in the vicinity of \$50. If you would like your child to be included in this excursion please complete the form below and return it to Mrs Powell as soon as possible. If there is sufficient interest we will run the excursion and will notify students who have been successful in gaining a place on the trip. Payment will then need to be made promptly to secure the tickets.

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Expression of Interest- Excursion to Watch Starstruck				
I hereby consent to performance of Starstuck on Friday 14 June	(student's name) of 2019 commencing at 10:30 an	class 1.	attending	the
I understand that if my child is selected to att 2019 or my position will be given to someone		mately \$50 before Tu	esday 14 <sup>th</sup>	May
Special needs of my child of which you sho medication):	ould be aware. Please provide	e full details <i>(e.g. illne</i>	esses, aller	gies,
Parent/Guardian Name:	Signed:	Date:_		