

PARTICIPATION IN 2018 CANBERRA NARA CANDLE FESTIVAL

18 October 2018

Dear Parents & Carers

I am organizing a composite choir of around 100 choristers from three primary schools in the ACT, St Monica's, Fadden, and Kaleen Primary, to sing Japanese songs at the Canberra Nara Candle Festival. This year we celebrate the 25th year of the Sister City relationship between Canberra and Nara, Japan.

Please see below the details of the event:

- Event:** Canberra Nara Candle Festival
Venue: Canberra Nara Peace Park
Date: Saturday 27 October 2018
Time: Please be backstage at 4:45pm for 5:10pm appearance.
Transport: Please bring your child to the backstage area of the venue and pick him/her up upon completion of the performance.
What to wear: Something red and/or white or a traditional Japanese costume, such as Happi/Yukata.
Duty of Care: Duty of care rests with parents and carers.
Repertoire: "Genkotsu Yama no Tanuki San (A Raccoon Dog in the Genkotsu Mountain)"
"Amehuri (Raining)"
"Shabondama (Bubbles)"
"Tokyo Bon 2020"
Practice: Please ensure that your child practises and **memorizes** the songs above. In this performance the choristers will **not** hold sheet music. The choristers are able to practise at home using sheet music (already provided) and the YouTube videos on the Japanese page of the Kaleen Primary School website.
Deadline: Please return the attached Permission and Media Consent form to the Front Office by **Monday 22 October.**

Regards,

Mari Kitasaka
Japanese Choir Coordinator

PARTICIPATION IN 2018 CANBERRA NARA CANDLE FESTIVAL

PERMISSION NOTE

I give permission for my child _____ in Class _____ to participate in Canberra Nara Candle Festival as a chorister on Saturday 27 October.

I understand that I need to take my child and stay close by at all times during the festival as the duty of care rests with the parents and carers.

I have discussed with my child the need for sensible behaviour at the venue, prior-to and during the performance.

My child understands that he/she needs to attend all the practice sessions.

Full name of Parent/Guardian (please print) _____

Signature of Parent/Guardian _____

Date _____

Media Permission

I give permission for my child to be photographed and/ or recorded at this event. I understand that there is a possibility that some photos or video clips could be published on Kaleen Primary School's internal media as well as on external media outlets.

Signature of Parent / Guardian _____

This form requests information about students which will be held by the school. This information may be disclosed to government or private medical or para-medical staff and other relevant officers in the event of an accident or emergency. The information is collected as a lawful administrative function of the ACT Department of Education & Training and Children's, Youth & Family Services Bureau.



ACT
Government
Education

