

Head of Education: Linda McAulay-Griffiths

If phoning or calling please ask for: Joanne Allison/Zara Smith  
Our Refer: JA/ES ZS/ES  
Date: 26/04/18

Dear Parent/Guardian

<b>East Ayrshire Dance Summer Schools</b>
Monday 30 July to Friday 3 August 2018– Cumnock Academy (TBC)
Monday 6 August to Friday 10 August 2018 – Kilmarnock Academy, William McIlvanney Campus (TBC)

I am delighted to be able to take this opportunity to inform you of this year's East Ayrshire Dance Summer Schools. The Summer Schools are open to all East Ayrshire Primary (P4 – P7) and secondary pupils (S1 – S6) and an invitation is extended to your child to participate in this. The week's activities will include various dance-styles.

**Each day will begin at 10.00 a.m. and finish at 3.00 p.m.** Please note your child can apply for either or both Dance Summer Schools. **On the Friday afternoon there will be a performance at 1.30pm in the Assembly Hall.**

Participants should bring a packed lunch each day with sufficient water. No previous dance experience or specialist clothing is necessary; comfortable clothing, dance shoes or trainers are adequate. There are limited places available on each course so we would encourage you to apply speedily to ensure a place, as they are hugely popular.

This year's courses are being co-ordinated by Joanne Allison and Zara Smith, Cultural Co-ordinators in Dance & Movement and all sessions will be taken by highly qualified and experienced artists. To ensure maximum benefit for everyone, it is anticipated that the usual high standards of behaviour expected in our schools will be displayed.

**Please note, each applicant must be able to make their own transport arrangements.**

The Creative Minds Team heavily subsidise the summer school through fundraising **however, a small charge of £30 is applied per pupil, per dance summer school. No charge is applied to those who receive free school meals.** If you would like to apply for a place on this course for your child, please complete the attached forms and return them to the above address. Should your child receive a place on the summer school you will receive an acceptance letter detailing how to make the payment of £30 through ParentPay by 13 July. Please indicate on the form if you receive free school meals or if you will secure your child's place by paying through ParentPay.

**Please return your completed form by Monday 18 June**  
**We regret that we are unable to offer any refunds for cancellations or no-shows.**

*The information that you provide on this form will be processed securely by the Council in accordance with Data Protection law. We will process the information for the purposes of administering the Dance Service. Further information regarding data protection can be located in the Council's Privacy Statement on the Council's website: [www.east-ayrshire.gov.uk](http://www.east-ayrshire.gov.uk)*

Yours sincerely

Zara Smith & Joanne Allison

Cultural Co-ordinator, Dance & Movement  
Creative Minds Team  
Application/Photograph Permission Form/Parental Consent Form

## EAST AYRSHIRE DANCE SUMMER SCHOOLS 2018

**PLEASE TICK BOX TO CONFIRM WHICH DANCE SUMMER SCHOOL YOUR CHILD WISHES TO ATTEND  
(MULTIPLE APPLICATIONS WILL BE ACCEPTED)**

Please tick

		ParentPay	Free School Meals
Monday 30 July to Friday 3 August 2018 – Cumnock Academy	Dance		
Monday 6 August 2018 to Friday 10 August 2018 – Kilmarnock Academy, William McIlvanney Campus,	Dance		

Pupil's name: \_\_\_\_\_

School attended: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Post Code \_\_\_\_\_

\*Primary/Secondary year: \_\_\_\_\_

Tel No: \_\_\_\_\_

(i.e. P7, S1 etc)

Previous Dance Experience (Please include dates, types of dance and teacher.)

.....  
.....  
.....

Current Dance Activities

.....  
.....  
.....

## EAST AYRSHIRE DANCE SUMMER SCHOOLS 2018

### PHOTOGRAPHIC PERMISSION FORM

**Pupil's Name:** \_\_\_\_\_ **School:** \_\_\_\_\_

I agree/ do not agree to my daughter having his/her photograph taken for publicity purposes and educational records.

*(Please delete as appropriate)*

Signed: \_\_\_\_\_ (Parent/Guardian)

Date: \_\_\_\_\_

EAST AYRSHIRE COUNCIL  
PARENTAL CONSENT FORM  
EAST AYRSHIRE DANCE SUMMER SCHOOLS 2018

Pupil's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Attended: \_\_\_\_\_

1 East Ayrshire Dance Summer Schools 2018 10.00 am – 3.00 pm each day.

I agree to my son/daughter ..... (name) taking part in the above-mentioned course and, having read the information sheet, agree to his/her participation in any or all of the activities described. I acknowledge the need for obedience and responsible behaviour on his/her part.

2 Medical Information

(a) Does your son/daughter suffer from any conditions requiring medical treatment, including medication? If YES, please give brief details.

\_\_\_\_\_  
\_\_\_\_\_

(b) To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be or become contagious or infectious? If YES, please give brief details.

\_\_\_\_\_  
\_\_\_\_\_

(c) Is your son/daughter allergic to any medication? If YES, please specify.

\_\_\_\_\_

(d) Has your son/daughter received a tetanus injection in the last five years? YES/NO

\_\_\_\_\_ Please outline any special dietary requirements of your child.

(e) \_\_\_\_\_

I undertake to inform the leader-in-charge/John Wilson, Senior Education Manager, Civic Centre South as soon as possible of any change in the medical circumstances between the date signed and the commencement of the course.

3 Declaration

I agree to my son/daughter receiving emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided. I may be contacted by telephoning the following numbers:

Work: \_\_\_\_\_ Home: \_\_\_\_\_

My home address is: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If not available at home, please contact:

Name: \_\_\_\_\_ Tel. No: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name, address and telephone number of family doctor:

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

**Please return by Monday 18 June 2018 to:**  
**Cultural Co-ordinator, Dance & Movement, Civic Centre South,**  
**16 John Dickie Street, KILMARNOCK, KA1 1HW**