



Grade 3-4 Sing Project 4.0 | Thursday, April 11, 2024 Parent Informed Consent Form

Dear Parents/Guardians of Grades 3 and 4 Students,

Students throughout West Vancouver Schools can participate in the 2024 Sing Project 4.0. Students within our Rockridge Family of Schools will gather at the Kay Meek Theater and sing together with songs filmed and then given positive and constructive feedback from a professional adjudicator.

Students will travel by School Bus from West Bay to the Kay Meek Theater at West Vancouver Secondary School following this schedule:

	Grade 3 Students	Grade 4 Students
Leave West Bay by Bus	10:10AM	10:40 AM
Attend Kay Meek Theater	11 AM-12:30 PM	11 AM-12:30 PM
Return to West Bay by Bus	12:35 PM	1:00 PM
Eat Lunch at West Bay	1:00-1:20	1:00-1:20

Students will need to bring a water bottle and healthy pocket snacks that can travel easily as students will not be bringing backpacks.

This event will be filmed. If you are not comfortable with your child being recorded and this recording being shared, possibly on social media, please indicate below and alternate supervision will be provided for your child at West Bay.

Please pay \$10 via School Cash Online to pay for transportation and other costs related to hosting this event. If you need assistance with payment, please contact West Bay Principal Scott Slater (sslater@wvschools.ca).

Please detach and	return the form below to the office by Mar 	<u>ch 14. Thank you.</u>
Grade 3-	4 Sing Project 4.0 Thursday, April 1	1, 2024
	Parent Informed Consent Form	
I give	(print name of student) in Division	_ permission to participate in
the trip to the Kay Meek Theater	at West Vancouver Secondary School on Ap	oril 11, 2024. I understand that
my child may be exposed to ce	rtain risks while participating in this activity	y. Accidents and injuries may
occur. I understand that my chil	d will be traveling by school bus to and from	the field trip. I also consent to
the performance being recorded	d and shared.	
	the nature of the activity and can occur with or wi	-
By allowing your son/daughte	pard or its employees or agents, or the facility wher er to participate in this activity, you are accept	ing the risk of an accident
occurring, and agree that this a	activity, as described above, is suitable for your cl	hild.
Signature of Parent/Guardian	Printed Name of Parent/Guardian	Date
I have paid \$10.00 throu	gh School Cash to cover the cost of this acti	vitv.

My child will NOT be attending (please advise teacher if alternative school activity is required)