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EASTRY CHURCH OF ENGLAND PRIMARY SCHOOL COOKS LEA EASTRY SANDWICH KENT CT13 0LR



5th December 2024

Dear Parents and Carers,

Due to success and enjoyment in recent years, I am excited to share that we have entered The Great Big Dance Off competition for 2025!

This competition gives children an opportunity, with an interest and passion for dance, to perform on a stage in front of an audience. Therefore, children **must** be confident in performing and have experience of dancing in front of an audience. Regular attendance of dance lessons outside of school would also be an advantage.

The team will represent Eastry and compete against other schools in the South East and potentially at national level. It is therefore an **essential expectation** that children are fully committed to practise and attend all rehearsals leading up to the competition on **Monday 3<sup>rd</sup> March 2025 in Chatham**.

Rehearsals will take place **weekly after school until 4.30pm on a Wednesday and will begin on Wednesday 8<sup>th</sup> January 2024**. Please ensure that children wear loose, comfortable clothing to be able to move and dance. Jazz shoes will be required for the performance and are recommended to be worn during rehearsals. However, this is not an expected requirement until closer to the competition date.

If you would like your child to take part, please complete the slip below and return it **no later than Friday 13<sup>th</sup> December**. There will be a limit of 20 dancers in the team and priority will be first come first served from Y6 to Y3.

Kind regards,

Miss Leishman Class Teacher

The Great Big Dance Off – Dance Club

My son/daughter \_\_\_\_\_\_ in year \_\_\_\_\_\_ would like to take part in Dance Club and commits to attend rehearsals and the competition on 3<sup>rd</sup> March 2025.

Should the necessity arise, I agree to the person in charge of the club, or another member of school staff, giving consent on my behalf to administer any urgent medical treatment.

Signed:		(parent/guardian)	Contact Telephone Number:	
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Any Allergies? YES/NO\* Please specify: \_

