“Little Shop of Horrors”
SCHOOL MUSICAL CONSENT FORM

Dear Parent/Caregiver

Your child has expressed an interest in participating in the School Musical for 2014 Little Shop of Horrors which is to be performed entirely by our students.

However, we would like to take this opportunity to impress upon your child that a production of this scale requires an enormous commitment out of normal school hours. While there will be much fun to be had in meeting other students, acting, singing, and wearing costumes and make-up, or alternatively learning and executing a backstage role this should not be taken lightly.

Commitment must be of the highest calibre, not only to ensure the success of the production, but also to ensure that everyone contributes equally to the end result. In the past some students have walked out of this commitment after being cast in roles, or have not declared after school commitments, leaving the production in considerable difficulty. We wish to avoid a repeat of this and so ask that you clearly discuss the level of commitment required with your child. To assist you in this, we have attached the Production Schedule and ask that you go through it with your child.

All students are expected to attend all scheduled rehearsals and performances unless otherwise stated or notified. If your child has sport, work or other continuing commitments in after school hours or any part of the Production Schedule, please impress upon them that they cannot expect to be part of the Musical. Some changes have been made to last year’s schedule. You should also note that the Production Week will involve all students leaving normal lessons to attend intensive dress rehearsals. Other expectations will be outlined during the rehearsal process.

Thank you for your cooperation. If you have any concerns, please don’t hesitate to contact us and discuss them with us. Should you like to become involved as well in set construction or painting, making costumes or in any other way, we would welcome your assistance.

Yours sincerely

Ms Giles
Drama Teacher/ Co-director

Panayoula Parha
Principal

LITTLE SHOP OF HORRORS - CONSENT FORM

STUDENT’S NAME: ................................................................. PLG .................
I hereby give my consent for his / her involvement in the 2014 School Musical – Little Shop of Horrors

PARENT/ CAREGIVER SIGNATURE: .......................................................... DATE .................