



Bellinggen Public School

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High Potential and Gifted Education Program

Dear Parents and carers,

We are delighted to inform you that your child _____ of class _____ has been invited to be part of our enrichment group in _____.

These sessions will be held weekly and aim to encourage both intellectual and creative growth in an environment of peers with similar abilities.

We kindly request your consent for your child's participation in this enrichment program.

Should you have any questions or require further information, please do not hesitate to contact us. We're excited to support your child's journey.

Warm regards,

The HPGE Team, Bellinggen Public School


Vanessa Cavanagh
Principal

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Please return this note to the front office as soon as possible.

I _____ give permission for my child _____ of class _____ to participate in the enrichment program at Bellinggen Public School. I consent to my child engaging in these weekly sessions.

Parent / Carer Name: _____ Contact number: _____

Signed: _____ Date: _____