Urangan State High School

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Phone 07 4197 0111

Our Ref: Corres26/Student/oc281_ashfda_bp

31st August 2026

Dear Parent/Guardian

Your son/daughter has shown an interest in auditioning for the 2027 Diamonites Cheer and Dance Squad. In previous years the Urangan State High School Cheer and Dance Troupe has travelled around Queensland competing in State and International Competitions with commendable results. We would like to continue this tradition in 2027.

Students who are successful in attaining a spot in the dance troupe will be notified via email within one week of auditions. Although fees and budget have not yet been calculated for 2027, the involvement costs are usually between the amount of $1400 and $1600 (which can be paid off during the year). This covers costs such as accommodation, transportation, competition fees, uniforms, music, workshops and more.

Please note that the Audition will be a closed audition meaning that parents and/or supporters are not allowed to enter during the audition. This is to ensure that students are not distracted by additional audience members. Please be aware that Cheer and Dance involve medium and high-risk activities, however students will only be asked to demonstrate skills that they have already mastered during the auditions. The auditions will occur over 2 weeks where students are required for both sessions. The structure of the team will operate differently from year to year, and it is important to remember that all students are auditioning for a spot on the 2027 team. We are limited to numbers for our team selections and positions and any students who aren't successful in the competition team will flow into our extension group.

If your child is successful a Holiday Workshop will take place on the 18th and 19th of January 2027 from 9am-3pm and weekly training will commence in Week 2-Wednesday, February 3rd, 2027, from 3.00pm-4:45pm.

Excursion:	**Diamonites Auditions 2027**
Venue:	**USHS Performing Arts Complex**
Date:	**18th and 25th November 2026**
Departure/Start:	**3:15pm**
Arrival/Finish:	**4:45pm**
Cost:	**No cost required for auditions however, if successful, subject fees will apply**
Requirements:	**Dance clothes (no Diamonites Merch) and water bottle**

If you wish for your child to participate in the activity, please complete the permission slip and consent form attached and return it to Student Services or the contact listed below. For further information about the activity, please contact ~~**Rhani Ashford**~~ on **(07) 4197 0111 or** ~~**dashf0@eq.edu.au.**~~ Kylie Saliba on ksali3@eq.edu.au

Please note that prior to being able to participate, the Student Resource Scheme and any other outstanding fees are to be paid in full, or an up-to-date payment plan is in place. Payment can be made to Student Services or via the Qkr! App. As per the Urangan State High School Good Standing Policy, students must be in good standing to attend non-curriculum incursions and excursions at the time of the event.

It is the parents' responsibility to ensure that the student is adequately covered for Medical, Hospital, Dental and Personal Accident & Injury Insurance. Urangan State High School will not accept financial liability for such expenses if they should arise. Where supervision of the administering of medication is required while the student is away from home, parents will need to document details in separate correspondence to the organising staff member. If you have any questions or concerns, please do not hesitate to contact me at the school on (07) 4197 0111.

Yours sincerely

RHANI ASHFORD
Teacher

LIZA YOUNG
Head of Department Creative Futures

ANDREW RYE
Principal

✂ .....

Permission Slip: Diamonites Auditions 2027 - 18th and 25th of November 2026

I give permission for my child, _____, to attend.

Parent / Guardian Signature: _____ **Date:** _____ **Teacher: ASHFDA**

Payment method: (please indicate below)

☐ QKR! _____ Please write payment reference number above	☐ Centrepay Please email centrepay@uranganshs.eq.edu.au	☐ At counter - EFT / Cash

.....PTO/2

MEDICAL INFORMATION FORM

Excursion	Diamonites Auditions 2027 - 18th and 25th of November 2026	Staff code	ASHFDA

1: Student & parent/carer details			
Student name			
Date of birth		Year level	
Parent/carer name		Parent/carer contact number	
Medicare number		Private Health Fund name & membership number	
Medical practitioner name		Medical practitioner phone number	

2: Health conditions		
2.1. Does the student have any health conditions that the school has not been previously advised of?	☐ Yes *(go to 2.2)*	☐ No *(go to 2.3)*
2.2. Indicate the student's health condition/s: ☐ Asthma ☐ Anaphylaxis ☐ Diabetes ☐ Epilepsy ☐ Other: _____ Contact the staff member above as soon as possible to plan if the student requires medication or additional overnight support.		
2.3. Does the student have a current / previous injury that may affect their participation that the school has not been previously advised of?	☐ Yes *(go to 2.4)*	☐ No *(go to 3)*
2.4. Describe the injury:		

3: Medication requirements		
3.1 Will the student require medication during this excursion?	☐ Yes *(go to 3.2)*	☐ No *(go to 4)*
3.2 Does the student require staff to administer their medication?	☐ Yes *(go to 3.4)*	☐ No *(go to 3.3)*
3.3 Does the student have approval to self-administer their medication?	☐ Yes	☐ No
3.4 Does the medication require special storage?	☐ Yes	☐ No
If the answer was **YES** to any of the questions above: • complete a *Consent to administer medication* form, attach relevant advice from the health practitioner e.g., action plan, letter, medication order • contact the staff member above as soon as possible so that the student's medication needs can be supported.		

4: Dietary requirements		
4.1 Does the student have specific dietary requirements?	☐ Yes *(go to 4.2 & 4.3)*	☐ No *(go to 5)*
4.2 List the foods/ingredients your child is NOT to eat:		
4.3. Please circle why the student cannot eat the above, e.g., religious, cultural, allergic/anaphylaxis, vegetarian.		

5: Travel and away-from-home issues		
5.1. Does the student experience travel/motion sickness? If **YES** and the student requires medication for travel/motion sickness, complete a *Consent to administer medication form* and provide the school with the medication.	☐ Yes	☐ No
5.2 Does the student require night bedwetting management or require an appliance / device at night?	☐ Yes	☐ No
5.3 Does the student sleep walk, have night terrors / fears / phobias / anxiety, or have any other issue/s?	☐ Yes	☐ No
If the answer was **YES** to either 5.2 or 5.3: • contact the staff member above as soon as possible so that the student's needs can be supported.		

Privacy Statement: The Department of Education is collecting this personal information in order to support the health needs of the named student during the excursion identified below. The information will only be used by authorised employees of the department. The information will not be given to any other person or agency unless we have your consent, or we are required by law to do so

6: Declaration			
I have reviewed the information provided in this form and confirm that this information is accurate.			
Name of parent/carer			
Signature		**Date:**	