12th August 2016

Dear Parent/Caregiver

Year 11 Workplace Practices - Adelaide Central Market Excursion

Throughout this semester of Workplace Practices, our students are developing their skills as baristas and their knowledge of coffee making. In term 4, they will apply their learning and development to operate the Vibe Coffee Bar at recess and lunch. This will involve the creation of a menu, the development of their own product and the promotion of their event.

To support students with their learning in this subject, we will be visiting the Adelaide Central Market on Tuesday 30th August. This excursion will enable students to experience a variety of cafes and coffee bars that will help with the planning and preparation when they operate Vibe in term 4. Students will be completing a Coffee Bar Study, which will involve the presentation of their findings, observations and analysis from the excursion.

We will be leaving the Senior Campus at 12.00noon, taking the H22 bus to Currie Street where we will then walk to the market. Students will complete an analysis task and will be dismissed from the southern entrance (Gouger Street) at 2.45pm where they will need to organise their own transport home.

Students may bring their own lunch or may purchase food from the nearby cafes. If rain is forecast, students must bring appropriate wet weather gear. Students will also need to purchase their own bus ticket: $1.30 (Singletrip concession) or $5 (Daytrip/Multitrip concession).

Please return consent form and reply slip below to Mr Schutt or Ms Ashby by Tuesday 23rd August.

If you have any questions please contact me at school on 8364 2299 or via email jason.schutt443@schools.sa.edu.au. We appreciate your support and look forward to this experience!

Yours sincerely

Jason Schutt
Arts Coordinator

Jacqui van Ruiten
Principal

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I give permission for my student to attend the Adelaide Central Market excursion and travel by public bus to the city.

I give permission for my student to be dismissed from the city at 2.45pm.

DISTINCTION  DIVERSITY  RESPECT
Parent/Caregiver name: ..........................................................Signature:........................................