8 February 2016

Dear Parent/Caregiver

YEAR 9 DRAMA EXCURSION – “GOLEM”

TUESDAY 8 MARCH 2016 at 7PM

In line with the Australian Curriculum Literacy agenda and the IB MYP Creative and Critical Thinking capabilities, it is a requirement of the Year 9 & 10 Drama courses at Norwood Morialta High School that all students attend a live theatrical performance for the purpose of review writing. This term the Year 9 & 10 Drama student cohort has been booked in to see a Festival of Arts performance of “GOLEM” from the United Kingdom.

"Like a giant graphic novel come to life, the universally acclaimed GOLEM is a deliciously dark fable about Robert, a binary coder by day, performance-shy punk rocker by night. Technically brilliant, 1927’s super slick synthesis of handmade animation, claymation, live music and stylised performance reminds us that the danger lies not in machines replicating humans but humans replicating machines. Endlessly inventive and delightfully funny…"

(Adelaide Festival of Arts Program Booklet)

ARRANGEMENTS:

• DATE: TUESDAY 8 MARCH at 7 PM
• Students will manage their own transport to and from the venue – THE DUNSTAN PLAYHOUSE at the Festival Centre, King William Street.
• Students are asked to meet their teacher at 6.30 pm in the foyer of the Dunstan Playhouse.
• The performance begins at 7.00 pm.
• The play’s duration is approximately 1 hour and 30 minutes which means students may be collected from the theatre at approximately 8.40 pm.
• Students are expected to wear NEAT CASUAL DRESS and should bring note-taking materials.
• The cost of the performance is $15 per student. Please make the payment as required at the Middle Campus Pay Station by Friday 4 March with the completed DECD Excursion and Medical Status form.

Review Writing is an assessable component of the Year 9 & 10 Drama courses and as such, student attendance is compulsory. Tickets were pre-purchased in 2015. The three week lead time should allow for arrangements to be made to ensure your child’s attendance. Non-attenders will be required to pay for the ticket. Should you have any concerns, please don’t hesitate to contact the school.

Yours sincerely

Max Mastrosavas/Linda Giles
Drama Teachers

Jacqui van Ruiten
Principal

The Norwood Morialta High School

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Yours sincerely

Max Mastrosavas/Linda Giles
Drama Teachers

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Principal

The Norwood Morialta High School
CONSENT FORM FOR CAMP/EXCURSION
(To be completed in conjunction with medical information and activity information sheets)
Please use block letters when filling out this form

As a parent/guardian of:

STUDENT/CHILD’S NAME

I:
PARENT/GUARDIAN NAME

give my consent for him/her to participate in:

NAME OF ACTIVITY
“GOLEM” EXCURSION, DUNSTAN PLAYHOUSE, ADELAIDE FESTIVAL CENTRE

REASON FOR AND DESCRIPTION OF ACTIVITY
Development of Critical Thinking through review writing; Literacy Development.

at/on:

LOCATION Dunstan Playhouse, Adelaide Festival Centre

FROM: ___/___/___ TO: ___/___/___ OR ON: 08 03 16

The school/preschool will use the student’s current Health Care Plan unless otherwise instructed.

Has a current Health Care Plan been provided to the school/preschool?   Yes   No

If No, please provide an updated Health Care Plan to the school/preschool on completion of this form.

Details of planned activities, transport arrangements, anticipated number of students/children and supervising teachers/instructors are provided on the information sheet attached.

Agreement

• I agree to delegate my authority to supervising teachers/instructors. Such supervisors may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group and individually.

• In the event of an accident or illness and contact with me being impracticable or impossible, I authorise the teacher-in-charge to arrange whatever medical or surgical treatment a registered medical practitioner considers necessary. I will pay all medical and dental expenses incurred on behalf of my child.

• I have also attached additional or updated health care information, including details of any additional health support he/she requires to undertake the above activities safely. I also consent to my child’s doctor or medical specialist being contacted in an emergency.

• The information given is accurate to the best of my knowledge.

Signed: ___________________________ Date: / /

Emergency Contacts - Parent/Guardian

NAME

ADDRESS

POSTCODE

HOME TELEPHONE

WORK TELEPHONE

ALTERNATIVE TELEPHONE

Student Medic Alert Number (If applicable):
*Any health care information provided is not intended to prevent your child participating unless specific medical advice warrants exclusion. The health care information you supply to the school/preschool will be treated confidentially. Such information is sought in order to protect and assist the student so the activity may be a safe and enjoyable experience. Please contact the teacher-in-charge if you wish to discuss any health care problems.

The DECD CAMPS & EXCURSIONS GUIDELINES FOR SCHOOLS & PRESCHOOLS is available at: