17 February 2016

Dear Parent/Caregiver

Year 8 Drama Excursion – “THE YOUNG KING”
Wednesday 9 March at 1.00pm

In line with the Australian Curriculum and the IB MYP Creative and Critical Thinking capabilities, it is a requirement of the Year 8 General Arts (Drama) courses at NMHS that all students attend a live theatrical performance for the purpose of review writing. This year the entire Year 8 student cohort has been booked in to see a Festival of Arts performance of “THE YOUNG KING” by Oscar Wilde, and performed by SLINGSBY (Australia), one of the great children’s theatre companies.

“A naïve boy rasied by goatherds is discovered to be heir to the kingdom. Treasures and privileges are laid at his feet, but at what cost to others? .... Journey in wonder to a land of challenging choices and rich rewards.                                                               (Adelaide Festival of Arts Program Booooklet)

ARRANGEMENTS:
• Date: Wednesday 9 March at 1.00pm
• Travel: Transport to and from the venue will be arranged by the school. Teachers will be in attendance at all times until return to school. Once returned, students will be dismissed at the usual time of 3.10 pm.
• Venue: DAZZELAND site, Level 5 Atrium, Myer Centre, Rundle Mall, Adelaide.
• The cost of the performance is $16.50 per student + transport fee $6.50: TOTAL $23. Please make the payment as required at the Middle Campus Pay Station by Monday 7 March with the completed DECD Excursion and Medical Status form.
• Please note – this production contains lighting effects, haze and smoke effects.

Review Writing is an assessable component of the Year 8 General Arts (Drama) course and as such student attendance is strongly encouraged. Seating was booked in 2015 to secure availability.

Should you have any concerns, please don’t hesitate to contact the school.

Yours sincerely

Max Mastrovasavas/Linda Giles
Drama Teachers

Jacqui van Ruiten
Principal
CONSENT FORM FOR EXCURSION

(Both sides of this form must be completed and returned to the teacher in charge of the excursion)

*Please use block letters when filling out this form

As a parent/caregiver of:

STUDENT’S NAME          PLG

I:

PARENT/GUARDIAN NAME

give my consent for him/her to participate in:

NAME OF ACTIVITY       Year 8 Drama Excursion to the city – Adelaide Festival of Arts – THE YOUNG KING

at/on:

LOCATION                Adelaide city, MYER CENTRE, LEVEL 5 DAZZELAND, North Tce

DATE OF ACTIVITY         9/03/2016

MODE OF TRANSPORT       Chartered bus

DEPARTURE TIME           12.15 pm EST

RETURN                   3:10 am/ pm

Details of planned activities, transport arrangements and supervising teachers/instructors are provided on the reverse of this page.

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. I understand that all school rules, especially regarding tobacco use and general behaviour, apply while on excursion.

• I agree to the transport arrangements as detailed on the reverse of this page.

• 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 submitted health care information, including details of any relevant medical or physical limitations he/she has. I also consent to my child’s doctor being contacted in an emergency.

• I understand that all students are required to wear school uniform while representing the school.

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

Signed: ___________________________________________ Date: / /

Emergency Contacts Parent/Caregiver

NAME

ADDRESS

POSTCODE

HOME TELEPHONE   WORK TELEPHONE   ALTERNATIVE TELEPHONE

Family Doctor or Medical Clinic

NAME

TELEPHONE

……………………………..PTO

DISTINCTION      DIVERSITY      RESPECT

Government of South Australia
Department for Education and Child Development
T/A South Australian Government Schools
CRICOS Provider Number: 00018A

CIS (accredited)
## DETAILS OF EXCURSION

**If transport is by private car provided by a staff member**

| NAME OF OWNER |  |
| NAME OF DRIVER |  |
| MAKE OF CAR | REGISTRATION # |
| NAMES OF ALL STUDENTS BEING TRANSPORTED IN THIS CAR |  |

**OWNER DECLARATION**

I, the owner of the above vehicle, give permission for the students named above to travel in my car. I am aware that I cannot accept payment from the passengers for this excursion. I declare that the car is fully registered, is covered by a comprehensive insurance policy, is in a roadworthy condition and is fitted with sufficient seat belts for all passengers. I understand that the School Governing Council, Principal and/or DECD will not be liable for any damage to the vehicle, or injury to the passengers or driver in the event of an accident. I guarantee that the driver is the holder of a current, full driver’s license that is of the applicable class for this vehicle.

OWNER: __________________________ DRIVER: __________________________ DATE: __________________

(If different from owner)

**COSTS TO STUDENT**

This is to be paid into the paystation by 11 am 7/3/2016 (date)

| TRANSPORT | $6.50 PER STUDENT | ENTRANCE FEE | $16.50 PER STUDENT |  |
| FOOD |  | TOTAL COST | $23.00 |  |

**ANY FURTHER EXPENSES THAT MAY REQUIRE THE STUDENT TO BRING MONEY ON THE EXCURSION.**

**ANY ADDITIONAL EQUIPMENT OR CLOTHING REQUIRED.**

Note taking materials as outlined by teacher.

**HEALTHCARE INFORMATION**

*Any health care information given will not prevent your child participating unless further medical advice warrants exclusion. The health care information you supply to the school will be treated confidentially by the school. 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 student health care problems.*

| Does the student have any medical condition or other healthcare concern? | Yes | No |
| If yes, give details |  |
| Are you aware of any medical / healthcare emergency that could arise? | Yes | No |
| Type of emergency and how to recognise it |  |
| Avoidance precautions |  |
| Emergency treatment |  |
| Does the student take any prescribed medication, including inhalers? | Yes | No |
| If “Yes”, what medication? | Does the student carry own medication? | Yes | No |
| Dose, when and how often taken |  |
| Side effects? |  |
| Do you have Ambulance Subscription? | Yes | No |
| If “Yes”, which fund? |  |