

6 April 2017



**NORWOOD
MORIALTA**
HIGH SCHOOL

Dear Parent Caregiver

**Re: YEAR 10 DRAMA EXCURSION
'Mr Burns' by Anne Washburn
Wednesday 10 May 2017**

In line with the Australian Curriculum Literacy agenda and the IB MYP Creative and Critical Thinking capabilities, it is a requirement of the Year 10 Drama course that all students attend a live theatrical performance for the purpose of review writing.

The Year 10 Drama students has been booked into see a **State Theatre Company and Belvoir** performance of **'Mr Burns'**.

"Anne Washburn's international hit comedy dissolves the barriers between high art and pop culture and imagines a shatteringly funny world where The Simpsons becomes the new bible..."

(<http://statetheatrecompany.com.au/shows/mr-burns-post-electric-play/>)

Arrangements:

Date: Wednesday 10 May 2017

- Students **will meet on the corner of King William Road and Festival Drive, closest to the Festival Theatre at 6pm**
- The performance begins at 6:30pm
- The play is expected to run for 2 hours and 15 minute and **we recommend the students are picked up at 8:55pm.**
- Students are expected to wear **neat casual clothing** and should bring note taking materials.

Review Writing is an assessable component of the Year 10 Drama course and as such, students are required to attend. Tickets are pre-purchased prior to the performance and payment is part of the subject course fees. We have tried to allow as much time as possible so that arrangements can be made to support your child's participation in this valuable excursion.

Please return the attached consent form to your child's Drama Teacher no later than Monday 8 May.

If you have any concerns regarding this excursion, please ring me at the school on 8364 0455.

Yours sincerely

Linda Below
Arts Coordinator

Jacqui van Ruiten
Principal

Attach.

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**ENRICHING
HUMANITY**



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	
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I:

PARENT/GUARDIAN NAME	
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give my consent for him/her to participate in:

NAME OF ACTIVITY	Year 10 Drama Excursion 'Mr Burns'
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at/on:

LOCATION	Space Theatre, Festival Drive, off of King William St, Adelaide SA 5000	DATE OF ACTIVITY	10 th of May, 2017
MODE OF TRANSPORT	Student Responsibility	MEETING TIME	6pm
		PICKUP TIME	8:55pm

If the excursion is not for the full day, the students will be expected to attend normal lessons for the remaining part of the school day. They will need to bring necessary materials and be in school uniform for lessons.

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	

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	<p>I, the owner of the above vehicle, give permission for the students named above to travel in my car. I am aware that I can not 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.</p> <p>OWNER: _____ DRIVER: _____ DATE: _____ (If different from owner)</p>		

COSTS TO STUDENT

This is to be paid into the paystation by _____ am / pm _____ (date)

TRANSPORT	NA	ENTRANCE FEE	NA
FOOD	NA		
TOTAL COST	Included in Course Fees		

ANY FURTHER EXPENSES THAT MAY REQUIRE THE STUDENT TO BRING MONEY ON THE EXCURSION.	NA
ANY ADDITIONAL EQUIPMENT OR CLOTHING REQUIRED. <small>NB: Students are required to wear school uniform.</small>	NA

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?			