

7 August 2017



**NORWOOD
MORIALTA**
HIGH SCHOOL

Dear Parent/Caregiver

**Re: YEAR 10 DRAMA EXCURSION - 'Macbeth' by William Shakespeare
Presented by State Theatre Company - Wednesday 30 August 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 at NMHS that all students attend a live theatrical performance for the purpose of review writing. The Year 10 Drama students have been booked for the **State Theatre Company** performance of **'Macbeth'**.

"This extraordinary tale charts the brutal rise and fall of one of the theatre's most complex couples as we follow them on their increasingly merciless path towards the crown.....

It will be breathless.

It will be bloody.

It will be bold".

(<http://statetheatrecompany.com.au/shows/macbeth/>)

ARRANGEMENTS:

DATE: Week 6 - Wednesday - 30 August, 2017

- **Students will need to 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 100 minutes **and we recommend the students are collected at 8:15pm**
- 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 expected to attend. Tickets are pre-purchased prior to the performance and payment is part of the subject course fees, as outlined in the course guide, additionally we have tried to allow as much time as possible so that arrangements can be made to ensure your child's attendance. Your child will be individually notified if course fees are overdue and course fees should be paid to the Pay Station prior to 28 August.

Please return the attached consent form to your child's Drama Teacher no later than Monday 28 of August.

Yours sincerely

Linda Below
Arts Coordinator

Jacqui van Ruiten
Principal

Attach.

MIDDLE CAMPUS
Morialta Road West
Rostrevor SA 5073
TEL: +618 8365 0455

SENIOR CAMPUS
505 The Parade
Magill SA 5072
TEL: +618 8364 2299

PO Box 180,
Magill SA 5072

dl.0787.info
@schools.sa.edu.au
www.nmhs.sa.edu.au

**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 'Macbeth'
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at/on:

LOCATION	Dunstan Playhouse corner of King William Road and Festival Drive, closest to Festival Theatre	DATE OF ACTIVITY	30/08/17
MODE OF TRANSPORT	Student Responsibility	MEETING TIME	6pm
		PICKUP TIME	8:15pm

Students are expected to wear **neat casual clothing** and should bring note taking materials

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.</p> <p>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	SUBJECT COURSE FEES	\$30
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?			