

21 August 2017



NORWOOD MORIALTA
HIGH SCHOOL

Dear Parent / Caregiver

Re: Stage 2 Drama Excursion – “Macbeth” on Wednesday 30 August at 6.30pm at The Dunstan Playhouse

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ENRICHING HUMANITY

In line with SACE requirements, the Stage 2 Drama students will attend a live theatrical performance for the purpose of review writing. The students have been booked in to see a State Theatre Company performance of “**MACBETH**” by William Shakespeare.

ARRANGEMENTS:

- **Date: Wednesday 30 August at 6pm**
- Students will manage their own transport to and from the venue
- **Venue: The Dunstan Playhouse at Festival Centre King William Road, city**
- Students are to meet their teacher at 6pm in the foyer of The Dunstan Playhouse
- The performance begins **at 6:30pm**
- The play is expected to **run until approximately 8.30pm**

Yours sincerely

Juliet Nicolle
Drama Teacher

Jacqui van Ruiten
Principal

Attach.

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Reply Slip to Ms Juliet Nicolle by Tuesday 29 August: “Macbeth” Wednesday 30 August at 6.00pm

I..... do / do not give permission for
Name of parent/caregiver Name of student

to attend “Macbeth” on Wednesday 30 August at 6.00pm at the Dunstan Playhouse.

I am aware that this is an optional excursion/activity which is not an essential part of the curriculum and that unless payment or a written commitment to pay has been received that my child will not attend. I therefore agree to pay the amount of \$15.00 for my child to attend the performance of *MACBETH*.

Parent/Caregiver Signature: _____

Date: _____

Please complete the attached consent form and return to the Pay Station together with payment.





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 Stage 2 DRAMA 'Macbeth'	Excursion to view live theatre – 'Macbeth' PRESENTED BY THE STATE THEATRE COMPANY for the purpose of Review Writing – SACE FOLIO REVIEW
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at/on:

LOCATION	The Dunstan Playhouse King William Road, city. Arrive at 6pm for 6.30 pm show. Performance finishes at approximately 8.30pm	DATE OF ACTIVITY	WED 30/9/17
MODE OF TRANSPORT	Students to make own way to and from the venue	ARRIVAL TIME	6pm
		EST PICK UP	8.30pm

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.
- 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.</p> <p>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>		

COSTS TO STUDENT This is to be paid to the paystation by 29/8/17

TRANSPORT		ENTRANCE FEE	\$15.00
FOOD			
TOTAL COST	\$15.00		

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

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?			