

NORWOOD MORIALTA HIGH SCHOOL



17th February 2017

Dear Parent/Caregiver

**Re: YEAR 9 DRAMA EXCURSION
'WE LIVE BY THE SEA'**

In line with the National Curriculum Literacy agenda and the IB MYP Creative and Critical Thinking capabilities, it is a requirement of the Year 9 Drama course that students attend a live theatrical performance for the purpose of review writing. The Year 9 Drama students have been booked into see a Joanne Hartstone UK Performance of **"We Live by the Sea"**.

"When Ryan moves from the city to Kate's coastal town, they make a connection that will shake their worlds forever." Playful visual storytelling with a live electronic score. "Raw and Beautiful" The British Theatre Guide.

Arrangements:

- **Date: Thursday 2nd March at 1.00pm**
- Travel by bus from school to the venue and return by bus to school – **War Memorial Dr. North Adelaide.**
- Students are to meet their teacher at **12.00noon in front of the Canteen.**
- The performance begins **at 1.00pm.**
- The play is expected to run until approximately 2:10pm. **We will be returning to school at 3.05pm.**
- Students are expected to wear the **correct school uniform** and should bring note taking materials.
- The cost per student will be **\$22.50** (all inclusive).

Review Writing is an assessable component of the Year 9 Drama course and as such, students are expected to attend. Tickets are pre-purchased prior to the performance and additionally we have tried to allow as much time as possible so that arrangements can be made to ensure your child's attendance. Therefore, without legitimate reasons with sufficient notice and documentation (such as a sick certificate), the cost will be not be refunded if your child is not present.

Please return the attached consent form and payment to the Pay Station - Middle Campus by no later than Wednesday 1st of March.

If you have any questions regarding this excursion please contact the school.

Yours sincerely

Nicola Primaro
Drama Teacher

Jacqui van Ruiten
Principal

Attach.

MIDDLE CAMPUS
MORIALTA ROAD WEST
ROSTREVOR 5073
SOUTH AUSTRALIA
TELEPHONE: 08 8365 0455
FACSIMILE: 08 8360 9802

SENIOR CAMPUS
505 THE PARADE
MAGILL 5072
SOUTH AUSTRALIA
TELEPHONE: 08 8364 2299
FACSIMILE: 08 8139 2138

POSTAL ADDRESS
PO Box 180
MAGILL SA 5072

www.nmhs.sa.edu.au

dl.0787.theprincipal@schools.sa.edu.au

PRINCIPAL: JACQUI VAN RUITEN

DISTINCTION

DIVERSITY

RESPECT



Government of South Australia

Department for Education and
Child Development

T/A South Australian Government Schools
CRICOS Provider Number: 00018A



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	Excursion- Live Performance 'We Live by the Sea'
------------------	--

at/on:

LOCATION	Royal Croquet Club- The Black Forest NW of Torrens Footbridge War Memorial Drive North Adelaide	DATE OF ACTIVITY	02/03/2017
MODE OF TRANSPORT	Private Bus	DEPARTURE TIME	12 pm
		EST RETURN	3:10 pm

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	\$7.50		
FOOD	NA		
ENTRANCE FEE	\$15		
TOTAL COST	\$22.50		

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