

24 July 2017

Dear Parents / Caregivers

RE: Year 9 and 10 – Jewellery Design excursion – Wednesday 23 August.

As part of the Year 9/10 Jewellery Design course students will be creating a collection of jewellery items and exhibiting these pieces locally. To support this learning process and expose students to the diverse techniques involved in jewellery making, our class will take part in excursion to the city and North Adelaide on Wednesday 23 August.

On the day students will visit the University of South Australia and join a 45-minute tour of the City West campus jewellery facilities, observing techniques and learning about future pathways. Students will then proceed to the Jam Factory to view an inspiring SALA jewellery exhibition by Catheryn Truman and other artists.

Following this the group will travel by public bus to visit the store *E for Ethel* to view the various styles of products sold there and meet the owner. This unique experience will provide the girls with a real world context, as they will have an opportunity to apply to exhibit or sell their work in the store at the end of the course and will be able to learn about the specification requirements to support their design cycle task.

It is expected that these organised visits will conclude at 2pm, at which time students will be either dismissed from Melbourne Street, North Adelaide or may return to school by public bus with their teacher.

Arrangements:

- **Date: Wednesday 23 August from 8.30am to 3.10pm**
- Class will travel by public bus from school to **UniSA City West Campus, Jam Factory and E for Ethel, North Adelaide**
- **A Metro card or money** to purchase a day trip metroticket (**cost \$5.10**)
- Recess at City West Campus courtyard. Students to bring their own
- **Lunch money at Cibo, North Adelaide** (Students may bring their own)
- Students will have the option to be dismissed from North Adelaide at 2.00pm or return to school by bus with staff for dismissal at 3.10pm
- Students are expected to wear the **correct school uniform** and behave in a way that reflects well on our school
- Students will be supervised by Ms Tegan van den Berg and another staff member.

Please complete and return the permission slip below and consent forms to Ms van den Berg by Friday 18 August.

Should you require more information please contact Tegan van den Berg on 8365 0455 or alternatively email tegan.vandenberg366@schools.sa.edu.au. We respectfully request that enquiries are not directed to *E for Ethel*.

Yours sincerely



Tegan van den Berg
Jewellery Design Teacher



Jacqui van Ruiten
Principal

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Reply Slip: Year 9 and 10 Jewellery Design

Please complete and return to Ms van den Berg by Friday 18 August 2017

Student's name: PLG:

- I give permission for my child to be dismissed from North Adelaide at 2.00pm.
- My child will return to school on the bus with teaching staff.

Parent/Caregiver Name:.....Date:.....

Parent/Caregiver Signature:



NORWOOD MORIALTA
HIGH SCHOOL

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ENRICHING HUMANITY





CONSENT FORM FOR EXCURSION/CAMP

(To be sent to parents in conjunction with school medical information request form)

*Please use block letters when filling out this form

As a parent/guardian of:

STUDENT'S NAME	
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I:

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

NAME OF ACTIVITY	Year 9/10 Jewellery Design – UNI SA, City West, The Jam Factory, E for Ethel.
ACTIVITY DESCRIPTION	As part of the Year 9/10 Jewellery Design course students will be creating a collection of jewellery items and exhibiting these pieces locally. To support this learning process and expose students to the diverse techniques involved in jewellery making, our class will take part in excursion to the city and North Adelaide on Wednesday 23 August. On the day students will visit the University of South Australia and join a 45-minute tour of the City West campus jewellery facilities, observing techniques and learning about future pathways. Students will then proceed to the Jam Factory to view an inspiring SALA jewellery exhibition by Catheryn Truman and other artists. Following this the group will travel by public bus to visit the store <i>E for Ethel</i> to view the various styles of products sold there and meet the owner. This unique experience will provide the girls with a real world context, as they will have an opportunity to apply to exhibit or sell their work in the store at the end of the course and will be able to learn about the specification requirements to support their design cycle task.

at/on:

LOCATION	University of South Australia, Jam Factory – City West. E for Ethel – North Adelaide.
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FROM:

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 TO:

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 OR ON:

2	3	0	8	1	7
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Has a Health Care Plan already been provided to the school? Yes No

Details of planned activities, transport arrangements and supervising teachers/instructors are provided on the information sheet attached.

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.
- 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 attached health care information, including details of any additional health support he/she requires to undertake the above activities safely. I also consent to my child's doctor or medical specialist being contacted in an emergency.
- The information given is accurate to the best of my knowledge.

Signed: _____

Date: / /

Emergency Contacts

Parent/Guardian

NAME			
ADDRESS			
		POSTCODE	
HOME TELEPHONE	WORK TELEPHONE	ALTERNATIVE TELEPHONE	

Student Medic Alert Number (If applicable): _____

*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.



MEDICAL INFORMATION FORM

ED 006M

NAME OF STUDENT

(Preferred Given Name)

(Family Name)

SCHOOL

Norwood Morialta High School

MEDICAL INFORMATION

Any medical information given will not prevent your child participating unless further medical advice warrants exclusion. The school will treat the medical information you supply to the school confidentially. 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.

I have completed the medical information and include details of limitations which she/he has for the activities undertaken. This information is confidential and will only be made available to Staff on a *need to know* basis.

Signed _____

Date: / /

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING MEDICAL CONDITIONS?	MARK <input checked="" type="checkbox"/> IN BOX	FURTHER INFORMATION OR SPECIAL INSTRUCTIONS. IF MEDICATION REQUIRED, PLEASE INDICATE AS STAFF ARE CAUTIOUS ABOUT ADMINISTERING UNNECESSARY MEDICATION.
CONVULSIONS/SEIZURES (e.g. Epilepsy)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ASTHMA OR OTHER CHEST PROBLEMS	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ALLERGIES (e.g. Bee Sting)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
DIABETES	<input type="checkbox"/> Yes <input type="checkbox"/> No	
VISION or HEARING PROBLEMS (e.g. Glasses or Hearing Aid)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
EAR DISORDER (e.g. Drainage tubes)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
DERMATITIS (e.g. relevant skin conditions)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER RELEVANT CONDITIONS (e.g. Attention Deficit Hyperactivity Disorder)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
MEDICATION (e.g. any current medication)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Medicare Number: _____

ADDITIONAL INFORMATION: