Principal – Andrew Backhouse

**EXCURSION INFORMATION AND CONSENT FORM**

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| Dear Parent/Caregiver | 4 June 2015 |

Your child’s class is going on an excursion to Mother Courage and Her Children at Belvoir St Theatre, Surry Hills on Wednesday 22 July 2015.

This excursion for Drama has been planned to support work being done in the HSC text and the practical element of study required.

The cost of the excursion is $22 plus their train fare. The class will depart Gosford Train Station at 8.30am and return to Gosford Train Station at 3.30pm approximately.

Dress to and from the venue: Full school uniform. Students not in full school uniform will not be permitted to attend, this includes suitable footwear.

Travel will be by train – parents are required to drop off and pick up from station at the times mentioned above.

The group will be supervised by Mrs Jade Draper.

***Please complete details below and return by******Monday 22 June 2015. If photos are taken on this excursion, we require your permission to publish these in our newsletter and website. Please indicate below if you give permission.***

N.B No student will attend an excursion if the permission note and payment have not been received prior to the excursion date.

Yours faithfully

|  |  |
| --- | --- |
| **Principal:**  Andrew Backhouse | **Teacher:**  Jade Draper |

**(This excursion is part of the students’ learning program and has the Principal’s approval)**

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***Please return this note and payment to the Front Office by Monday 22 June 2015***

I hereby consent to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(student’s name)* in Year \_\_\_\_ participating in an excursion to Mother Courage and Her Children on Wednesday 22 July 2015. I also give permission for photographs to be taken and published in the school’s newsletter and/or school website - **yes / no** *(please circle).*

|  |  |  |
| --- | --- | --- |
| Parent/Caregiver Name *(Please print)* | Parent/Caregiver Signature | Date |

Is your child Anaphylactic

❒ No

❒ Yes

Allergic to:

Where will the EpiPen be located on this excursion:

Special needs of my child of which you should be aware (e.g., allergies, medication – please provide full details):

Parent/Caregiver Contact No(s): (on date of this excursion)

Student’s Mobile No: …………………………………………