



**Canberra High School**  
— ESTABLISHED 1938 —

April 15, 2018

## **VISUAL ARTS EXCURSION TO THE NATIONAL GALLERY OF AUSTRALIA AND THE NATIONAL PORTRAIT GALLERY**

Dear Parents / Guardians,

Year 9 & 10 Visual Art, Ceramics, students have the opportunity to attend an excursion to the National Gallery of Australia to view the collection on a guided tour.

Year 9 & 10 Photography students have the opportunity to attend an excursion to the National Portrait Gallery to view the National Photographic Portrait Prize exhibit.

This opportunity is optional. There are places for 15 Photography students and 45 Visual Art and Ceramics students. .

<b>DATE:</b>	Wednesday 9 May
<b>TRAVEL:</b>	Keir's Coaches
<b>DEPART:</b>	9.30 am
<b>RETURN:</b>	12.00 pm
<b>COST PER STUDENT:</b>	\$5 (For bus charter)
<b>UNIFORM:</b>	Canberra High School uniform
<b>ACCOMPANYING TEACHERS:</b>	Claire Daun, Andrew Kay, Kaye Mees, & Eileen Currie

Please complete and return the permission slip over the page, and make the payment to the Front Office using one of the payment methods listed on the reverse of the permission slip, by **Friday 4 May**.

Eileen Currie  
Executive Teacher Arts and Languages  
[eileen.currie@ed.act.edu.au](mailto:eileen.currie@ed.act.edu.au)  
Ph 6142 0832 or 6142 0828

Claire Daun

Andrew Kay

Kaye Mees

# PERMISSION NOTE and MEDICAL INFORMATION

*Please return this sheet, filled out on both sides with appropriate signatures as soon as possible*

I give permission for my child / ward  
.....

To participate in the National Portrait Gallery excursion  
on Wednesday 9 May, 2018

I have read the attached information regarding this excursion and understand what it contains.

**Full name of Parent/Guardian** (please print)  
.....

Contact telephone Nos – Business hours:                      After hours:                      Mobile:

**Signature of Parent/Guardian** ..... **Date**  
.....

**Medical concerns the teacher needs to be aware of for the day:**  
.....  
.....  
.....  
.....

If your child suffers any of the following an emergency treatment plan must be provided. Proforma plans are available from the school (NB. Without an emergency treatment plan the school can only provide first aid treatment:

- |                                      |   |  |  |   |
|--------------------------------------|---|--|--|---|
| <input type="checkbox"/> allergies   | <input type="checkbox"/> blood pressure | <input type="checkbox"/> epilepsy          | <input type="checkbox"/> hay fever       | <input type="checkbox"/> nose bleeds            |
| <input type="checkbox"/> asthma      | <input type="checkbox"/> diabetes       | <input type="checkbox"/> fainting          | <input type="checkbox"/> headaches       | <input type="checkbox"/> reaction to drugs      |
| <input type="checkbox"/> bed wetting | <input type="checkbox"/> eczema         | <input type="checkbox"/> fits or blackouts | <input type="checkbox"/> heart condition | <input type="checkbox"/> sight/hearing problems |

**Consent to medical attention.** In the case of an emergency, I authorise the school, where it is impracticable to communicate with me, to arrange for the student to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay costs which may be incurred for **medical attention, ambulance transport and drugs while the student is on the camp/excursion/outdoor** adventure activity.

Signed: .....

Parent/Guard

.....

Date: .....

# STUDENT AGREEMENT

I ..... (Student) have read and understood the code of conduct and agree to represent the school, my peers and self in a respectful manner.

While on the excursion, I will be absent from the following classes. I understand that I will need to catch up on the work I will miss due to being on this excursion.

Excursion details	Period 1	Period 2	Period 3	Period 4	Period 5

Full name of student (please print).....

Signature of Student ..... Date .....

**FEE CODE: Portrait Gallery**

**EXCURSION TITLE: PORTRAIT**

**PAYMENT OPTIONS**

**1.Payment in person** at school Front Office-between 8:15am & 2:30pm Mon-Fri  
**EFTPOS** facilities are available. Cheques made payable to Canberra High School

**2.Direct Deposit:** Bank: Westpac  
BSB: 032777 Acc. No. 001113  
Acc. Name: Canberra High School

**3.Canberra High School Website:** [www.canberraahs.act.edu.au](http://www.canberraahs.act.edu.au)  
**(QUICKWEB)**

**4.Phone Payments – Credit cards** Phone: 6142 0800 or 6142 0807

---

Please debit my  Mastercard  Visa

Card Number:     -     -     -

Card Expiry Date: \_\_\_\_\_ Name on card: \_\_\_\_\_

Parent/Carer: \_\_\_\_\_ Student Name: \_\_\_\_\_

Total Amount Paid: \$ \_\_\_\_\_

Cardholders Signature: \_\_\_\_\_

Contact Phone number of Cardholder: \_\_\_\_\_

**NB:** For direct deposits please ensure you specify the student name and excursion name as a reference

Refund Policy: If a student and/or parent has made a financial commitment to an excursion and if the student is unable to attend for any reason (except in the case of sudden illness), the student and/or parent is entitled to a refund of money paid minus any non-refundable financial outlay that the school has made on behalf of that student. The school will endeavour to find a replacement for that student, in which case, all money will be refunded. The usual appeal provisions apply.