



Canberra High School
— ESTABLISHED 1938 —

September 4, 2017

VISUAL ARTS EXCURSION TO THE NATIONAL PORTRAIT GALLERY

Dear Parents / Guardians,

Year 9 & 10 Visual Art & Ceramics students have the opportunity to attend an excursion to the National Portrait Gallery to view the exhibition and participate in a Visual Thinking Strategies session facilitated by the educators at the gallery. Visual Thinking Strategies is a critical thinking and visual literacy program, designed to provide students with the skills to navigate and critically examine images. This opportunity is optional. There are places for 47 students.

DATE:	Friday 20 October
TRAVEL:	Keir's Coaches
DEPART:	9.30 am
RETURN:	12.00 pm
COST PER STUDENT:	\$10 (\$3 gallery, \$7 bus charter)
UNIFORM:	Canberra High School uniform
ACCOMPANYING TEACHERS:	Claire Daun, Kaye Mees, Eileen Currie & Elizabeth Agnew (First Aid)

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 **Monday 16 October**.

Eileen Currie
Executive Teacher Arts and Languages
eileen.currie@ed.act.edu.au
Ph 614 208032 or 614 20828

Claire Daun

Kaye Mees



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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 Friday 20 October, 2017

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/Guardian

.....

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
(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.

