



**Canberra High School**  
— ESTABLISHED 1938 —

30 April, 2018

## **CHS Senior Band Performance – Sydney Eisteddfod**

Dear Parents & Carers,

The Canberra High School Senior Band has been entered in the Secondary School Intermediate Concert Band section of the Sydney Eisteddfod on Tuesday May 29. The Sydney Eisteddfod is a competitive event, with a very high performance standard, and we are looking forward to meeting this exciting performance challenge!

Information about the trip and performance is attached. Parents are welcome to travel to Sydney to support the band using their own transport. Tickets are available from the venue on the day.

The cost of the excursion is \$35 (bus fare). Information about payment methods is included with the permission note. Students will need to bring their own food and drink for the day, or money to purchase these at our scheduled stops on the forward and return journeys. Permission slips and medical forms need to be returned by **Friday 18 May AT THE VERY LATEST!**

Please feel free to contact me with any questions or concerns.

Many thanks for your continued support!

Yours sincerely,

Eileen Currie

Band & Music Teacher

Executive Teacher Arts & Languages Faculty

[eileen.currie@ed.act.edu.au](mailto:eileen.currie@ed.act.edu.au)

Ph: 6142 0832 or 6142 0828

# SYDNEY EISTEDDFOD: TUESDAY MAY 29

|                               |   |
|-------------------------------|---|
| <b>VENUE:</b>                 | The Concourse, Chatswood. (See map)   |
| <b>TRAVEL:</b>                | Deane's Transport Services  |
| <b>DEPART:</b>                | 8.00 am Bowman St bus stop<br><br>(Please be at the school by 7.45 am)  |
| <b>RETURN:</b>                | 9.00 pm (approximately)   |
| <b>COST PER STUDENT:</b>      | <b>\$35</b> (bus fare)  |
| <b>UNIFORM:</b>               | Canberra High School uniform<br><br>For performance: black CHS shirt, black pants/skirt,<br>black shoes (if possible)   |
| <b>ACCOMPANYING TEACHERS:</b> | Eileen Currie, Elizabeth Agnew, Steve Crispin   |
| <b>BRING:</b>                 | <b>YOUR INSTRUMENT!</b><br><br>Spare reeds, valve oil, etc<br><br>Snacks, food and drinks for the journey and/or money<br>to purchase these at our scheduled stops. |

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## PERFORMANCE INFORMATION

|                                |   |
|--------------------------------|---|
| <b>1.00</b>                    | ETA at The Concourse  |
| <b>2.15</b>                    | Registration for event  |
| <b>2.30</b>                    | Intermediate Section begins                                     |
| <b>3.30</b>                    | <b>ESTIMATED TIME ON STAGE!</b><br><br>Performance – 15 minutes |
| <b>5.00</b> (approx)           | Adjudicator's Comments and Awards                               |
| <b>5.30 – 6.00</b> (hopefully) | Pack-up and depart  |

**Permission Note – Sydney Eisteddfod**

I give permission for my child \_\_\_\_\_ to attend the Canberra High School Senior Band performance at the Sydney Eisteddfod on Tuesday May 29, 2018.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent's Contact Number (in case of emergency): \_\_\_\_\_

Please return this slip with payment and medical form NO LATER than Friday 18 May!

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**FEE CODE: Eisteddfod**

**EXCURSION TITLE: Sydney Eisteddfod**

**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.canberrahs.act.edu.au](http://www.canberrahs.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.

# THE CONCOURSE - CONCERT HALL

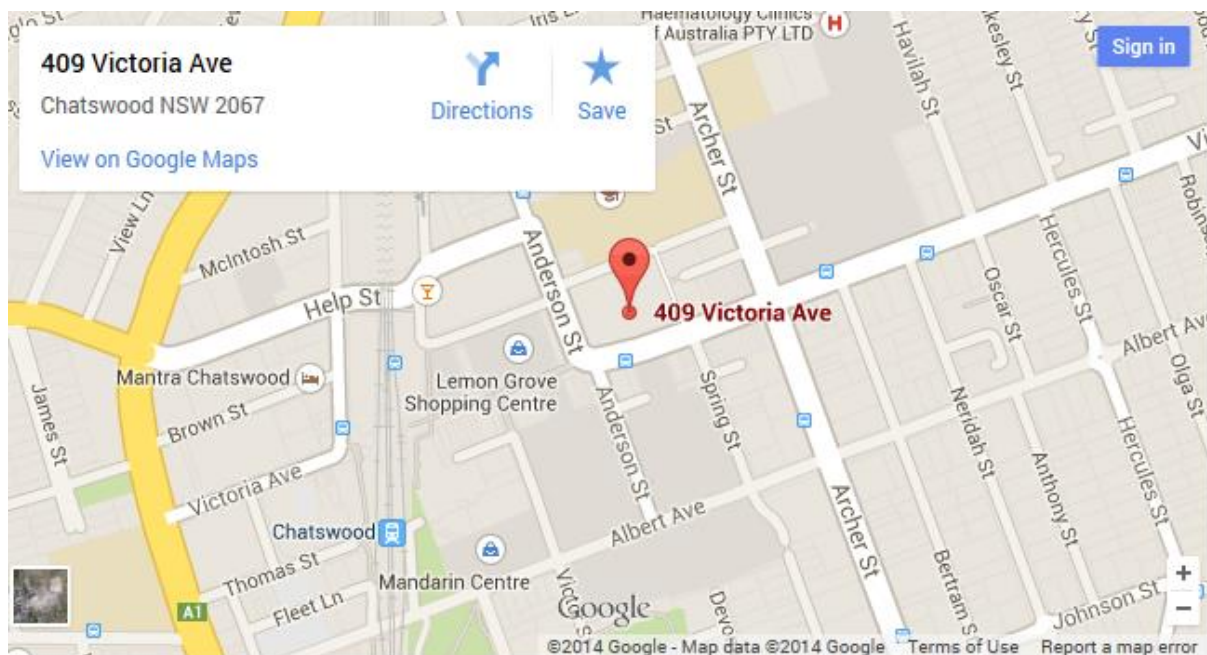
**Address:** Cnr Victoria Ave and Anderson St, Chatswood

*(Council operated car park immediately below the venue. Entrance in Ferguson Lane via Archer Street. Additional car parking options are available at Westfields and Chatswood Chase shopping centres - a short walk from the venue.)*

Entrants to enter the venue via the main stairs on the outside of the building - please do not use the lifts.

**Stage dimensions:** width 14m(front) to 11m(rear) x depth 9.7m

Disabled access, please contact The Concourse at least a day prior to event.



### MEDICAL INFORMATION AND CONSENT FORM

**This form is to be used for category C & D excursions, overseas excursions and all outdoor adventure activities.**

**A copy of each student's form must be taken on the excursion.**

The form is intended to assist the school in case of any medical emergency with the student. All information is held in confidence.

School: ..... Camp/Excursion: .....

Student's Name: ..... Date of Birth: ..... School Year: .....

Parent/Guardian: .....

Address: .....

Telephone Contact Nos - Business Hours: ..... After Hours: .....

Other Contact for Emergency: ..... Telephone No: .....

Name of Student's Doctor: ..... Telephone No: .....

Medicare No: ..... Medical/Hospital Insurance Fund: ..... Fund No: .....

Ambulance Fund: ..... I am aware that I am responsible for ambulance costs outside the ACT:

Please tick if your child suffers any of the following:

- |                                      |   |  |  |   |
|--------------------------------------|---|--|--|---|
| <input type="checkbox"/> allergies   | <input type="checkbox"/> blood pressure | <input type="checkbox"/> epilepsy          | <input type="checkbox"/> hayfever        | <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 |

other - give details: .....

If you have ticked any boxes please give details:

.....

Date of last Tetanus injection: .....

Has the student suffered from any acute illness or injury or been treated by a medical practitioner for an illness or injury during the last 4 weeks?

Yes  No

If YES, please state nature of illness/injury and obtain a report from the doctor that the student is fit to undertake the camp/excursion.

.....

Is the student presently taking any medication?

Yes  No

If YES, please state name of medication, dosage, etc: .....

The teacher in charge must be informed about the management of any medication prior to leaving on an excursion. Arrangements need to be agreed on the transport, storage and administration of medication. In all cases medication must be labelled with the students name, dosage and frequency of administration.

Do you consent to the student receiving paracetamol eg. Panadol, Dymadon for temporary pain relief, high temperature or fever?

Yes  No

Are you aware of any physical or psychological limitations of your child? Please give details. ....

.....

Is there any other information which you believe may help us to provide the best possible care? .....

.....

**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: .....

This form requests information about students which will be held by the school. This information may be disclosed to government or private medical or para-medical staff and other relevant officers in the event of an accident or emergency. The information is collected as a lawful administrative function of the ACT Department of Education & Community Services.