**Bell Shakespeare Performance**

**‘Such Sweet Sorrow’**

Dear Parents and Carers,

This incursion will allow students to watch a modern twist on one of Shakespeare’s best-known plays. This will support their experience of future Shakespeare studies in English in year 9 and 10 and it is therefore strongly encouraged that all students attend.

|  |  |
| --- | --- |
| **Name of Excursion**  Bell Shakespeare Performance | **Date of Excursion**  Wednesday 31st May |
| **Venue**  Canberra High School Hall  Ngunnawal Country | **Times**  1.50 – 2.50 pm |
| **Cost**  $10 | **Accompanying Staff**  Meghan Pellow and English staff |

**Please return note and payment to the Front Office by Monday 29 May 23.**

Excursions are offered to enrich student learning. Students are expected to catch up on any work missed whilst on excursion and are encouraged to talk to their teachers beforehand.

Students are expected to be in full school uniform when attending excursions.

In the event of staffing storages, due to covid. This excursion may be cancelled at the short notice.

Kind Regards

Meghan Pellow

**SLC, English**

**Ph: 6142 0818**

[**meghan.pellow@ed.act.edu.au**](mailto:meghan.pellow@ed.act.edu.au)

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**Bell Shakespeare Performance**

I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in ACE class \_\_\_\_\_\_\_\_\_\_\_\_ to attend the Bell Shakespeare performance at CHS on Wednesday 31 May 23.

At the cost of $10

* *I agree to my child participating in the activities associated with this excursion mentioned previously. I have discussed with my child the need for sensible behaviour on this excursion. I authorise the school to make arrangements for the welfare of my child (including medical or surgical treatment) in an emergency and I agree to meet the associated costs. I have provided to the school all medical information relevant to my child attending this excursion.*
* *I agree that my child will be under the authority of the school for the duration of the excursion and that the school is authorised to return my child to school or home at my expense if the school considers that* circumstances *warrant such action. I give permission for my child to travel by private car, driven by a staff member or parent, in an emergency.*
* *Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities***.**
* *Parents should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.*
* *The school has made every effort to keep cost for this activity at a responsible level. We have an equity fund which can be used to provide financial assistance for students where parents are unable to make the requested contribution.*

Name of Parent/Carer:

(please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical notes that were received by the school will cover these excursions.**

If your child’s medical conditions have changed since filling the medical form out at the beginning of the year please contact Melinda Harrison (Melinda.Harrison@ed.act.edu.au) for a copy of a new medical form.

If you fill in this form, your personal information and that of your child will be collected and handled by the ACT Education Directorate (EDU) This information is necessary for us to manage student participation in excursions, and support the welfare and safety of your child. If you do not consent to supply us with this information your child will be unable to participate in the excursion. Normally, we will not use or disclose this information for another purpose, without your consent, unless you would reasonably expect us to use or disclose the information for a related purpose. Normally we only share information with school staff and, where necessary, parents or volunteers assisting with the excursion in order to appropriately and effectively manage the excursion. The Directorate has a privacy policy that explains how we handle personal information, including how we handle privacy complaints. The policy is available on the Directorate’s website ([www.det.act.gov.au](http://www.det.act.gov.au)) on the About Us page.

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**Bell Shakespeare Performance**

**Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PAYMENT OPTIONS Fee Code: Shakespeare**

1. **Payment in person** at the front office between 8:15am & 2:30pm Mon-Fri  
    **EFTPOS** facilities are available. Cheques made payable to Canberra High School
2. **Canberra High School Website** [www.canberrahs.act.edu.au](http://www.canberrahs.act.edu.au)  
   **3. Phone Payments –** Credit cards Ph: 6142 0800 or 6142 0807

**Please debit my Mastercard Visa**

Card Number \_\_\_ \_\_\_ \_\_\_ \_\_\_ -\_\_\_ \_\_\_ \_\_\_ \_\_\_ -\_\_\_ \_\_\_ \_\_\_ \_\_\_ -\_\_\_ \_\_\_ \_\_\_ \_\_\_

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

Parent/Carer Total Amount Paid $

Contact Phone number of Cardholder

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.