



Principal: Mrs Lisa Monaghan

Redhead Public School

Tel: (02) 4944 7215 Fax: (02) 4942 6098

Email: redhead-p.school@det.nsw.edu.au

www.redhead-p.schools.nsw.edu.au

Tuesday 10 April, 2018

Dear Parent/Caregiver,

Our school is participating in the arena performance Star Struck. We are very excited to have 30 of our students performing in the dance and drama sections of Star Struck this year. The theme this year for Star Struck is 'Connect'.

We would like to support this group by taking some of our students on an excursion to watch the morning performance at the Newcastle Entertainment Centre on Friday 15 June.

This excursion is open to the **first 30 students** in Years 2 – 6 who complete and return the permission note attached along with payment of \$40.

Please retain this page for your reference.

Excursion:	Star Struck matinee performance
Venue:	Newcastle Entertainment Centre
Date(s):	Friday 15 June 2018
Classes/Group Involved:	Years 2 to 6 only
Cost of excursion/performance is:	\$40
Payment due by:	Wednesday 9 May 2018
Depart school time:	9:15am
Depart venue time:	2:00pm
Travel will be by:	Seat belted coach
The groups will be supervised by:	1 teacher and Mrs Monaghan
Additional information:	Full school uniform must be worn. Students will need to take recess and lunch on this excursion.

Thank you,

Mrs Lisa Monaghan

Principal



Respect, Inspire, Succeed





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Redhead Public School Star Struck Excursion Permission Note

I consent to _____ in _____ (class) participating in the Star Struck matinee performance excursion on Friday 15 June. I understand travel is by seat belted coach and the cost is \$40. I am aware of the nature of activities that my child will be participating in.

I have enclosed \$40 as payment or

I have made my payment online. My receipt number is _____

Online Payments can be made by clicking on the Make a Payment link (\$) on the schools website and following the instructions.

Please circle:

In the event of any accident or illness, I give permission on my behalf of such medical assistance as my child may require. I also agree to pay for medical treatment which may be incurred while my child is on the excursion.

The information provided is being obtained for the purposes of ascertaining relevant medical information, requirements and other health care related needs about your child who is currently enrolled at the school and is participating in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with Redhead Public School.

It will be used by officers of the NSW Department of Education to assist planning, to support students, and to minimise risks when conducting school excursions, sporting or other school activities.

Other persons or agencies that may be provided with this information include, but are not limited to, volunteers and members of external organisations who join with the school or are otherwise involved in the planning or delivery of the excursion, sporting or other school activity; and persons that may be called upon to provide health care treatment or other assistance during or as a consequence of such excursions or activities.

Provision of this information is not required by law. However, a failure to provide the information may mean that your child can not participate in a particular excursion or school activity. In such circumstances the school will make available a sound alternate educational experience.

Provision of this information will significantly assist the school in planning a safer educational activity. It will be stored securely. If you have any concerns about the provision of this information, please contact the school Principal to discuss further.

Student name: _____ Medicare number: _____

Parent/carer name: _____ Phone: _____

Parent/carer name: _____ Phone: _____

Emergency contact details: (nominated by parent or caregiver as alternate contact).

Name: _____ Phone: _____

List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies etc). Outline treatment for each.

Medication to be administered during the excursion. Include name of medication, instructions for administration, time of administration, and any possible reactions.

Please return permission note and money by Wednesday 9 May. This excursion is open to the **first 30 students** in Years 2 to 6 who complete this permission note and return along with their payment of \$40.

Parent/carer signature: _____

Date: _____



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