



CENTENARY HEIGHTS

STATE HIGH SCHOOL

Safety - Respect - Learning

4 March 2020

Dear Parent/Carer

As your child studies a Senior Drama subject, he/she is invited to see Shake and Stir's *Animal Farm* by George Orwell.

The details for the event are:

DATE: Friday 1 May 2020

WHERE: Empire Theatre, Neil St Toowoomba

TIMES: 7:10pm - Meet teachers on the grass area outside the Box Office
9:00pm – Collect from same location

COST: \$22

WEAR: Smart Casual (shorts are not appropriate)

There are only 30 tickets available for this performance, so attendance will be on a first paid will attend basis.

If your child wishes to attend, please return permission forms and payment to our Textbook Office by **3:00pm Monday 27 April 2020**.

Yours faithfully

Amy McAleer
Head of Department Performing Arts

Maryanne Walsh
Principal

A Gateway School to the Wine Tourism Industry

Education Queensland International CRICOS Provider Number: 00608A

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CONSENT FORM: Animal Farm

Activity Risks & Insurance

Please note that the Department of Education does not have personal accident insurance cover for students. If your child is injured as a result of an accident or incident while participating in the activity, all costs associated with the injury, including medical costs are the responsibility of the parent/carer. Some incidental medical costs may be covered by Medicare. If you have private health insurance, some costs may also be covered by your provider. Any other costs must be covered by parents/carers. It is up to all parents/carers to decide what types and what level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether or not to allow your child to participate in this activity.

- I hereby give permission for my child to attend the excursion to Animal Farm on Friday 1 May as per conditions of the letter attached and agree to delegate my authority to the teachers involved. Such teachers may take whatever disciplinary action they may deem necessary to ensure the safety, well-being and successful conduct of the students as a group, or individually, in the above-mentioned activity.
- I also authorise the teachers to obtain medical assistance which they deem necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of the below student. With regard to an International student living in a homestay situation any medical costs will be covered by the student or natural parent.
- I have read all of the information contained in this form in relation to the activity (including any attached material) and I am aware that the Department of Education does not have personal accident insurance cover for students.
- I understand that if this excursion is an extra-curricular activity (sport, musical, debating etc) my child will not be able to participate if the Student Resource Scheme fees are not paid in full or a Pay by Instalment Plan is not in place and being honoured in line with the conditions of the agreement.

Student Name: _____ PCG: _____

Parent/Carer Name: _____

Parent/Carer Contact Details: _____

Additional Emergency Contact: _____

Medical conditions to be aware of: _____

Parent/Carer Signature: _____ Date: ___/___/___

PAYMENT FOR: **Animal Farm** TEACHER: **Mrs McAleer, Mrs Black, Mrs Willson**

METHOD OF PAYMENT: Cost of Excursion: **\$22**

- Cash
 - Cheque (make cheque payable to **CHSHS**)
 - Internet Banking – direct deposit into the school bank account – BSB **064-433** A/c No: **00094127** Ref: students name
- I hereby authorise Centenary Heights State High School to debit my: **Visa** **MasterCard**

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____| EXPIRY: ___/___/___ AMOUNT \$ _____

CARDHOLDERS NAME (as it appears on the card): _____

SIGNATURE OF CARDHOLDER: _____ DATE: ___/___/___