



Dear Parent/Guardian,

Today's Date: 3/4/17

Below are the details of an upcoming Excursion / School Activity involving your child:

Excursion Name:	Brisbane Water Secondary College Stage Band Rehearsals	Class/ Group:	Selected students
Destination:	BWSC Umina Performance Space (PST)	Date:	Monday afternoons commencing 1/5/17
		Cost:	N/A
All notes and payments (or advice of online receipt number) must be returned to Student Reception and finalised by			Date: 7/4/17
Organising teacher:	Mr A Westerhof	Email:	andrew.westerhof6@det.nsw.edu.au

**\*\*BWSC Umina has completed a Risk Assessment for this excursion which can be provided to parents if requested\*\***

**Excursion description:**  
Your child has been selected to perform within the 'Brisbane Water Secondary College Stage Band'. This opportunity is an exclusive offer and a level of commitment is required. Students participating in our creative and performing programs often require additional rehearsal time to receive feedback and work within as part of an ensemble. This year, the Brisbane Water Secondary College Stage Band will be rehearsing after school in the Performance Space (PST) on Monday afternoons from 2:45 - 4:00pm.

**Privacy Advice Notice:** The information provided on your child is being obtained by the School for the purpose of ascertaining relevant medical information requirements and other health-care related needs about your child who is currently enrolled at the school and who may participate in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with Brisbane Water Secondary College. It will be used by Officers of the NSW Department of Education and Training to assist planning, to support students and to minimise risks when conducting school excursion, sporting or other 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 cannot participate in a particular excursion or school activity. In such circumstances, the school will make available a sound alternative 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 provision of this information, please contact the School Principal to discuss further. You may correct any personal information provided at any time by contacting the School office.

**\*\* Important Note: Whilst excursion refunds will only be given in extenuating circumstances, NO refund will be given for bus costs \*\***

Departure/	Time: 2:45pm	Location:	BWSC Umina Campus Performance Space
<b>Commencement details:</b>			
Return details:	Time: 4:00pm	Location:	BWSC Umina Campus Performance Space
Transport after rehearsal:	Travel by: Arranged by student		
Dress Requirements:	School Uniform	Other Requirements:	If needed, students are to bring their musical instruments to school on this day. The instruments can be stored safely throughout regular school hours.

teachers name

Mr A Westerhof

Head Teacher name

Mr J Phillips

## Brisbane Water Secondary College Stage Band

## Permission Note

Student name:

Roll call class:

Sub Dissection Code: N/A

I hereby consent to my child attending the Brisbane Water Secondary College Stage Band rehearsals on Monday afternoons (commencing 1/5/17) and remaining at school until 4:00pm. I consent to paying the cost of \$0 and understand that it is an extra-curricular activity and that all elective fees must be paid prior. I consent to my child being responsible for completing missed work whilst participating on this excursion and for demonstrating appropriate behaviour.

Emergency Contact name:

Emergency Contact Ph number:

Signed:

Date:

Medical condition (circle if applicable) Asthma Anaphylaxis Allergies

Other :

Does the medical condition indicated, require an action plan? YES / NO

Medicare Number :

Online payment receipt number

Amount : N/A

Office Use only:

Sub Dissection Code: N/A

\*Proceed to BWSC Umina website (Make a Payment)

