



# AVELEY PRIMARY SCHOOL

*An Independent Public School*

(ABN 29 985 456 130)

8 Bolero Road, Aveley, WA 6069

Dear Parents and Caregivers,

Our Year Five and Six students have been invited to Swan Valley Anglican Community School to view a free pre-opening showcase of the musical drama/theatre student production of *The Rockin' Tale of Snow White!*

**Date:** Thursday, 19 September 2019 (Week 9, Term 3)  
**Time:** 12.30pm – 2.55pm  
**Cost:** Free  
**Location:** Swan Valley Anglican Community School  
Swanleigh Parade, Aveley WA 6069  
**Transport Arrangements:** Students, accompanied by teaching staff will be walking to the venue.

## Itinerary:

Group leaves school to walk to SVACS	12.30pm
Approximate time of arrival at venue	12.40pm
Students arrive back at school	2.55pm

Your child must wear their full school uniform with enclosed school shoes (no sandals/thongs), and must wear their school hat. If the weather looks like it may rain, please include a water proof raincoat or jacket. All classroom teachers will be attending the performance. Students will eat lunch at school prior to departing for the excursion.

The attached signed permission and medical forms must be returned to the front office by **Thursday, 12 September**. Should you need to contact your child during the excursion, please contact the school who will pass on this information. If you have further questions, please email me [christopher.spencer@education.wa.edu.au](mailto:christopher.spencer@education.wa.edu.au)

Yours sincerely

**Chris Spencer**  
**Performing Arts Specialist**

30 August 2019

## Parent/Guardian Consent Form

### **Swan Valley Anglican Community School Drama Production Excursion**




**\*Please return this form along with the medical form to the front office by:  
Thursday, 12 September 2019**

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/guardians should be aware that staff members are not responsible for injury or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent.

I am aware that any costs incurred as a result of accident or illness are my responsibility and that school staff are not responsible for any loss or damage to my child's personal property that may occur during the course of the excursion.

I agree to inform the organisers well before the scheduled excursion departure of any changes to my child's health and fitness so that appropriate supervision may be arranged. I acknowledge that, should it be considered necessary, school staff will arrange to present my child for medical assessment and treatment. This may necessitate calling an ambulance. If possible teachers will try to contact parent/guardian prior to calling an ambulance; however, the costs will be the parent/guardians responsibility.

Parent/Guardian Contact Information:

 Home:	 Work:	 Mobile:
Other:		
I have read and understood the information regarding the excursion to <b>Swan Valley Anglican Community School</b> on <b>Thursday, 19 September 2019</b> and give consent for my son/daughter _____ in Room _____ to attend.		
Signature of parent/guardian _____ Date: _____		

**Year Five and Six Swan Valley ACS**  
**Drama Production Excursion**  
Thursday, 19 September 2019

**STRICTLY CONFIDENTIAL**

**For your child to attend the excursion this permission form must be filled in**

**Student details**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/guardian's full name: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone no. (home): \_\_\_\_\_ Telephone no. (work): \_\_\_\_\_

Telephone no. (mobile): \_\_\_\_\_

Name of family doctor: \_\_\_\_\_ Telephone no. \_\_\_\_\_

**Medical details**

Is your child subject to seizures, fainting, epilepsy, diabetes or any other condition that may affect his or her safety during the excursion:

Yes  No  If "yes" Please give details

\_\_\_\_\_  
\_\_\_\_\_

**Is your child allergic to:**

Penicillin  Please give details \_\_\_\_\_  
Any other drug  \_\_\_\_\_  
Any food  \_\_\_\_\_  
Other  \_\_\_\_\_

Date of last tetanus vaccination: \_\_\_\_\_

**Medication**

**Parents/guardians are requested to make arrangements with the teacher-in-charge for the safekeeping and handling of medications prior to the excursion.**

Is your child presently taking tablets and/or other forms of medication?

Yes  No

**Other information**

Please provide any other information about your child which will enable the organisers of the excursion to provide better care for your child.

\_\_\_\_\_  
\_\_\_\_\_