

University of Canberra High School Kaleen

Incursion Permission Note

Where:	UCHSK				
Purpose:	Big Night In				
Date:	Thursday 19 th November	Time:	4-6pm	Cost:	No charge
Transport:	<u>N/A</u>				
Staff Attending:	Michelle Coleman, Pip Scott, Anita Briedis, Dorothy Peisley, Stuart Gilding, Mary-Anne Kirk.				
Meeting time/place/teacher	Students to remain after school to help with set up unless otherwise arranged with classroom teacher.				

Staff accompanying students on excursions will take all reasonable care while 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 that 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.

Please do not hesitate to contact me at the school if you have any questions or require any further information.

General Information

- Art and Technology displays will be ongoing throughout the afternoon.
- IMP band and rock bands will be playing downstairs throughout the afternoon.
- 4.30pm 7/8 Circus in the gym
- 5pm 7/8 Dance in the Canteen area
- 5.15-5.45pm 9/10 Circus in the gym (groups of approx. 10 people will be escorted through 4min rolling performances)

Please move in the following direction throughout the school:

Entrance of school -> hallway -> ramp -> upstairs open area -> far stairs to downstairs science area -> past library to canteen -> exit school through door next to PE change rooms.

Michelle Coleman
Co-ordinating teacher

Daniel Mowbray
Principal

I wish for my child _____ to attend the incursion to Big Night In on Thursday 19th November. **Notes to be returned to Ms Coleman by Friday the 13th October 2020.**

I understand the conditions set out above and have read the attached schedule of events.

- My child's medical circumstances have not changed **OR** New medical information is attached
 I give permission for photographs of my child to be taken and displayed as appropriate.

Signed _____ Date _____

Parent Name (printed) _____