2\textsuperscript{nd} February 2012.

Dear Parents / Guardians

**YEAR 12 LEGAL STUDIES EXCURSION TO BARWON PRISON**

**TUESDAY 21\textsuperscript{ST} FEBRUARY 2012**

An excursion to H.M. Barwon Prison situated in Lara (on the way to Geelong), has been arranged on Tuesday 21\textsuperscript{ST} February.

The excursion has been approved by the College and students will travel by hire bus to the prison.

The program is organised by prison authorities and St. Bede’s has participated on several occasions. Selected prisoners will give a short outline of their life stories and then questions can be asked by the students. The visit relates to topics covered on criminal law, post-trial procedures, sanctions and the effectiveness of the legal system.

All students will need to be at school **no later than 6.50 a.m.** We will meet at the main departure area for buses at Naples Rd. The bus has been booked to leave at 7a.m sharp, please be punctual as we have to adhere to the prison timetable. Students will return to the College at approximately 2.30 – 3.15pm. All students are expected to be in full uniform including blazer and will need to bring their own lunch and a water bottle.

For security reason students are not permitted to bring bags or containers of any description, nor any sharp or metallic objects. A small disposable lunch bag is permissible (to be left on the bus.) No I pods or mobile phones will be allowed inside the prison, we would advise they be left at home.

Please complete the attached permission form and medical authority and return it to your legal studies teacher.

Yours sincerely

Melisa Lyons / Leanne Higham
Senior Legal Studies Teachers
PERMISSION FORM/ MEDICAL AUTHORITY

My son ________________________________ has permission to attend the Excursion to H.M. Barwon Prison on Tuesday 21\textsuperscript{st} February. Departing St. Bede’s at 7a.m sharp, returning to the College at approximately 2.30-3.15 p.m.

Should my son become ill or suffer an accident during the course of this activity and the teacher is unable to contact me, I authorise the teacher to consent to my son receiving such medical or surgical treatment a doctor may deem necessary. I will meet the expense attached to any such medical assistance.

Signature: ______________________________ Parent/ Guardian

Date: ________________________________

Phone No. __________________________

Mobile: _____________________________

CONTACT PERSON IF PARENT/ GUARDIAN IS UNAVAILABLE

Name: ______________________________

Phone no: ___________________________