27th February 2012

Dear Parents/Guardians

RE: YEAR 12 THEATRE STUDIES EXCURSION TO MALTHOUSE THEATRE, SOUTHBANK
THURSDAY 8TH MARCH 2012

With Br Garry’s permission, an excursion to attend a performance of “The Wild Duck” with accompanying “VCE Seminar” has been organised for the VCE Year 12 Theatre Studies class to attend, on Thursday 8th March, 2012 at the Malthouse Theatre in Sturt Street Southbank, between the hours of 1pm and approximately 5pm. Students are currently studying the processes involved in creating and performing a play production and must also attend and present an analysis of a professionally produced play as part of their VCE Theatre Studies course for Unit 3, Outcome 3. To assist students with their analysis they have also been booked into a VCE Seminar presented by the performers of “The Wild Duck” to better prepare them for their written response and ultimately the end of year exam.

The cost of the excursion will be covered by the College. Students are required to be in uniform for the day and we will travel as a class into the city via train, departing from Mentone Station at approximately 11:20am, and returning by around 5pm.

REMINDER TO BRING: Students should bring a notebook and pen to record their observations of the play and the Seminar, a packed lunch or money to buy lunch. Any questions or concerns please contact me by email on si@stbedes.catholic.edu.au

Please sign the permission form below and have your son return it to me as soon as possible.

Thank you for your co-operation.

Yours sincerely

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Stephen Irving

VCE YEAR 12 THEATRE STUDIES
LEARNING AREA LEADER – DRAMA & MEDIA

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St Bede’s College

YEAR 12 THEATRE STUDIES EXCURSION “THE WILD DUCK” – Thursday 8th March 2012

RSVP: Please return this Permission Slip to MR STEVE IRVING by: Monday 5th March, 2012

I give permission for my son ______________________________________ of _______ to attend the above excursion.

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

Please state any pre-existing medical condition & medication: ________________________________

_________________________________  Date:_____/_____/_____

Name: _____________________________   Signature: _________________________________   Date:_____/_____/_____

Parent / Guardian

Home Ph: __________________________ Work Ph: __________________________ Mobile: __________________________

CONTACT PERSON IF PARENT / GUARDIAN IS UNAVAILABLE

Name: ___________________________   Contact Phone No: ___________________________