

Year 11 into 12 Overnight Retreat

Week 7, Term 4 (Thursday 29th - Friday 30th November, 2018)

28th May, 2018

To Parents/Families and Caregivers,

Building an inclusive school community is a priority at Wirreanda Secondary School. To help students develop positive working relationships with their peers and teachers, the Year 11 students will take part in the **Year 11 into 12 Overnight Retreat**.

This two-day programme will allow the graduating class of 2019 to create enduring memories, meet their Year 12 teachers, and understand the traits of a successful Year 12 student. The retreat programme includes activities designed to develop communication, cooperation, encouragement, initiative, enthusiasm, problem-solving, critical thinking and teamwork.

Further information about Nunyara Conference Centre and our retreat can be found at: <https://goo.gl/dtBQbU>

Date:	Thursday 29 th - Friday 30 th of November, 2018.
Location:	Nunyara Conference Centre, Belair.
Cost:	\$100 - this includes: transport, meals, accommodation and activities.
Transport:	Willunga Charter Bus.
Arrival and departure times:	<i>Required at school: 9:00am, Thursday 29th November.</i> <i>Depart for Nunyara: 1:45pm, Thursday 29th November. Richards Drive Bus Stop.</i> <i>Dismissed from school: 2:30pm, Friday 30th November. Richards Drive Bus Stop.</i>
Uniform:	School uniform is <u>not</u> required for any part of this programme.
Extra Info:	Please bring recess and a packed lunch for the first day. Please see reverse of this page for additional clothing requirements/items to bring.
Teachers in charge	Zoe Finch, Shane Cunningham and Sol Naidu.

Please read the additional information, then complete and return the attached excursion consent and medical forms with the first payment to the Finance Office **no later than Friday, 29th of June (Week 9, Term 2)**. Any queries can be made by contacting the school on 8329 7200.

Yours sincerely,



Zoe Finch
Year 11/12 Leader



Sol Naidu
Year 11/12 Leader



Shane Cunningham
Senior Leader



Caroline Fishpool
Principal

Additional Information

It is important to note that as this is a school event, the school values are expected to be upheld at all times. Students who do not meet the behaviour expectations will need to be collected by a parent or guardian.

Payment Timeline:

Installment	Due Date	Payment Amount and additional requirements
1st	Friday 29th of June	\$25 minimum Return Consent Form Return Medical Form
2nd	Friday 17th of August	\$25 minimum
3rd	Friday 21st of September	\$25 minimum
4th and final	Friday 26th of October	\$25 minimum

List of Items students are to bring:

Clothing	Other
<input type="checkbox"/> 2 days of casual clothes <input type="checkbox"/> A set of clothes which can get muddy and wet (including enclosed shoes) <input type="checkbox"/> Warm clothes for evening <input type="checkbox"/> Sleepwear for one night <input type="checkbox"/> Enclosed shoes <input type="checkbox"/> Ugg boots and/or Thongs for evening (not to be worn during scheduled activities)	<input type="checkbox"/> All bedding items (pillow, sleeping bag etc) <input type="checkbox"/> Toiletries (deodorant, toothbrush, shower gel etc) <input type="checkbox"/> Insect repellent <input type="checkbox"/> Torch <input type="checkbox"/> Medication if necessary <input type="checkbox"/> Snacks for throughout the day (fruit, nuts etc)
For Activities	Items not permitted
<input type="checkbox"/> Hat <input type="checkbox"/> Sunblock <input type="checkbox"/> Towel <input type="checkbox"/> Drink bottle <p>(no Thongs or Ugg boots will be permitted when participating in activities)</p>	<input type="checkbox"/> As this is a school excursion, regular school rules will apply in terms of behaviour expectations and possessions which are acceptable on camp.

CONSENT FORM FOR CAMP/EXCURSION

(To be completed in conjunction with medical information on reverse side)

As a parent/guardian of:

STUDENT/CHILD'S NAME	
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I:

PARENT/GUARDIAN NAME	
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give my consent for him/her to participate in:

NAME OF ACTIVITY	Year 11 into 12 Overnight Retreat
REASON FOR AND DESCRIPTION OF ACTIVITY	To help students develop positive working relationships with their peers and teachers. Additionally, to create enduring memories, meet their Year 12 teachers, and understand the traits of a successful Year 12 student.

at/on:

Location:	Nunyara Conference Centre, Belair.						
From:	29	11	18	To:	30	11	18

The school/preschool will use the student's current Health Care Plan unless otherwise instructed.

Has a current Health Care Plan been provided to the school/preschool? Yes No

If No, please provide an updated Health Care Plan to the school/preschool on completion of this form. ↩

Details of planned activities, transport arrangements, anticipated number of students/children and supervising teachers/instructors are provided on the information sheet attached.

Agreement

- I agree to delegate my authority to supervising teachers/instructors. Such supervisors may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group and individually.
- In the event of an accident or illness and contact with me being impractical or impossible, I authorise the teacher-in-charge to arrange whatever medical or surgical treatment a registered medical practitioner considers necessary. I will pay all medical and dental expenses incurred on behalf of my child.
- I have also attached additional or updated health care information, including details of any additional health support he/she requires to undertake the above activities safely. I also consent to my child's doctor or medical specialist being contacted in an emergency.
- The information given is accurate to the best of my knowledge.

Signed: _____

Date: / /

First Emergency Contact - Parent/Guardian

NAME			
ADDRESS			POSTCODE
Best Daytime Phone Number		Best Nighttime Phone Number	

*Any health care information provided is not intended to prevent your child participating unless specific medical advice warrants exclusion. The health care information you supply to the school/preschool will be treated confidentially. Such information is sought in order to protect and assist the student so the activity may be a safe and enjoyable experience. Please contact the teacher-in-charge if you wish to discuss any health care problems.

Payment & Medical Information

Student Name:

HG:

Student Medic Alert Number (if applicable):

MEDICAL INFORMATION

Information contained in this section is necessary to ensure that the student's medical conditions are properly managed, however, no student with special needs will be excluded unless on medical advice.

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING MEDICAL CONDITIONS?	CIRCLE ANSWER	FURTHER INFORMATION OR SPECIAL INSTRUCTIONS IF MEDICATION REQUIRED, SEND WITH STUDENT
CONVULSION / SEIZURES	YES / NO	
ASTHMA OR OTHER CHEST PROBLEMS	YES / NO	
ALLERGIES (EG Bee Sting)	YES / NO	
DIABETES	YES / NO	
VISION/HEARING PROBLEMS	YES / NO	
EAR DISORDER (EG Drainage tubes)	YES / NO	
DERMATITIS	YES / NO	
OTHER RELEVANT CONDITIONS (eg ADHD)	YES / NO	
MEDICATION (eg any current medication)	YES / NO	
DIETARY REQUIREMENTS (please list)	YES / NO	

Second / alternative Emergency Contact (as decided by parent / guardian)

NAME			
ADDRESS		POSTCODE	
Best Daytime Phone Number		Best Nighttime Phone Number	

Please return this consent form and first payment directly to the Finance Office.