



ST BEDE'S COLLEGE

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14th July 2015

Dear Parents/Guardians,

**RE: EXCURSION TO Renaissance Theatre and Indonesian Restaurant in Melbourne
THURSDAY 30th July 2015**

An excursion has been planned for Year 9-12 LOTE- Indonesian students to Renaissance Theatre and 'Nelayan' Indonesian Restaurant, CBD Melbourne on Thursday 30th July 2015, in preparation for their Topics Tests and SACs. Students will take part in an excursion to practice their language skills with native speakers in a Theatre, an Indonesian Restaurant and Supermarket. Students will also have the opportunity to attend the Culture Study 'Wayang – Anoman Duta' performance. Following their participation to the Wayang Performance, students will be able to enjoy lunch in one of the many authentic Indonesian food and practice to order their food in Indonesian and shopping at the Indonesian Supermarket.

Students are required to wear full school uniform and bring snacks. Students will depart from the College on **Thursday the 30th July at 9.15am and return at approx. 3.15pm**. They will be travelling by bus. Students are expected to report to Tutor Group and homeroom prior to departure.

The cost of the Excursion and lunch has been covered by the St Bede's College LOTE Department. Students will be accompanied on this excursion by Mrs Dux and two other staff.

Could you please complete the attached form and return it to Ms Dux by **Monday 21st July 2015**.

I thank you for your ongoing support of your son's Indonesian studies.

Yours sincerely,

Mrs Astrid Dux
LOTE Learning Area Leader St Bede's College

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ST BEDE'S COLLEGE
Indonesian Excursion for Years 9-12 Students. Thursday 30th July 2015.
Please return this Permission Slip to **Ms Dux** by: **Monday 21st July**

I give permission for my son _____ of _____ to attend the Indonesian LOTE excursion on Thursday 30th July 2015, travelling by bus to CBD Melbourne. 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 condition & medication: _____

Name: _____

Signature: _____

Parent / Guardian

Daytime Phone No: _____ Mobile: _____ Date: ____/____/____

CONTACT PERSON IF PARENT / GUARDIAN IS UNAVAILABLE

Name: _____ Contact Phone No: _____