‘ART Smart’ Visual Art Student Workshop 2016

GENERAL INFORMATION

DATES: Tues 17th May- Thurs 19th May, 2016

ELIGIBILITY: Stage 3 students

VENUE: Rous Primary School

ATTENDANCE TIMES: 9.20 am- 3:10 pm

CONTACT NO: Jamie Hoile- Clunes PS 66291278

COSTINGS: The total cost of the workshop is $75 per student, parent payment of $25 is required, $50 to be subsidised by EVPS school.

TO BRING/WEAR: Wear comfortable clothing. A hat is required. Please make sure your name is clearly marked on belongings and leave unnecessary valuables at home. Please bring lots of water and plenty to eat for each of the days.

IMPORTANT NOTE: If your child has special needs, particularly those requiring a “Health Care Plan”, it is essential that the full details are made available to the ARTsmart Coordinator well in advance of the workshop, to ensure for the welfare of your child. Failure to supply those details well in advance may preclude that child’s attendance at the workshop.
‘ART Smart’ Visual Art Student Workshop 2016
Stage 3 students

CONSENT FORM

STUDENT’S NAME: _____________________________________________

SCHOOL: ______________________________________________________

PARENTAL CONSENT (Please sign below)

I agree to my child _____________________________________ attending the
‘Art Smart’ Visual Art Student Workshop at Rous PS from **Tuesday 17th May-Thursday 19th May, 2016**, and to his/her participation in the activities arranged during the workshop.

I agree to indemnify the NSW Department of Education and Training and its officers against any claim arising as a result of accident, sickness or otherwise, except in which negligence is proved.

In the event that my child behaves in an unacceptable manner or fails to conform to rules I am aware that their school principal and parent/s will be notified and arrangements made for the student to return to their school.

I have attached the medical form provided and verify that travel details have been organised as indicated.

Please select from the following:

- I will be transporting my own child to the 3 day Art Smart Workshop.
- I will be transporting ___________________________ (student names)
- I confirm that I have arranged transport for my child with
  ___________________________ (name of transporter)

Signed (Parent/Guardian): ____________________________ Date: ____________

**THIS FORM DUE back at your school- Tuesday 22nd March**
‘ART Smart’ Visual Art Student Workshop 2016

MEDICAL INFORMATION FORM

Please print answers to all questions and give additional information where necessary.

Student’s Name: ________________________________________________________________

(First Name) (Surname)

Date of Birth: ___________________________ Age: _______ Sex: _______

Address: _________________________________________________________________

P/Code: __________________________

Parent/Guardian Name: (Dr/Mr/Mrs/Ms/Miss) ______________________________________

Home phone: (___) ___________ Work Phone: (___) ______________________

Emergency contact information

Name: _______________________________ Phone: (___) ______________________

Has your child attended a doctor for treatment of any serious illness recently? _______

If YES please give details:

_________________________________________________________________________

Does your child suffer from: Diabetes _____ Epilepsy _____ Asthma _______

Migraine Headaches _____ Allergies _____________

Please detail: ______________________________________________________________

Any other illness __________________________________________________________

Does your child have any adverse reaction to any drugs or medication? ___________

If YES please give details: __________________________________________________

Will your child be regularly bringing any medication to rehearsals/events? If so list below.

Medication: ___________________________ Dosage: _____________________________

Medication: ___________________________ Dosage: _____________________________

Date of last tetanus injection: _____________ or within last 2 years____ 5 years____

Medicare Number: _______ / _______ / _______

Private Health Insurance (if any): _________________________________ No: _______

“I hereby give permission for the tutor/coordinator to obtain, on my behalf, any medical
attention which, in the event of accident or illness, may be deemed necessary for my
son/daughter.”

Signature of Parent/Guardian: ___________________________ Date: ____________________

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Stage 3 students

MEMBERSHIP PAYMENT FORM

TAX INVOICE

Name: ____________________________________________
(First Name) (Surname)

Address: ____________________________________________
____________________________________________________
____________________________________________________

School: ____________________________________________

Parent’s Signature: ____________________________ Date: ______________

PAYMENT

Please find enclosed payment for the ‘ART Smart’ Visual Art Student Workshop 2016

TOTAL: The total cost of the workshop is $75 per student, parent payment of $25 is required, $50 to be subsidised by EVPS school.

• Please make your cheque or money order payable to: Clunes Public School
No applications can be accepted without payment.

• Return this form complete with payment to your home school and they will collate all fees and forward to Clunes Public School, Walker St Clunes, 2480

Jamie Hoile (Program Coordinator)
Clunes PS
Walker St Clunes 2480

THIS FORM DUE back at your School - Tuesday 22nd March, 2016
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Stage 3 students

PUBLICITY CONSENT FORM

I give permission for the inclusion of my child in publicity organised for the ‘ART Smart’ Visual Art Student Workshop 2016 to be held at Rous PS, from Tuesday 17th May - Thursday 19th May, 2016.

I have no objection to my child being interviewed, photographed or filmed by the Department or by media organised and supervised by the NSW Department of Education and Training.

Students Name: __________________________________________

School: __________________________________________________

Signature (parent/guardian): _______________ Date: ____________

THIS FORM DUE back at your school- Tuesday 22nd March 2016
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Stage 3 students

PRINCIPAL’S CONSENT FORM

I, __________________________________________________________
(Print name)
Principal of ____________________________________________School
give permission for ____________________________________________
(Student Name)
__________________________________
(Student Name)
__________________________________
(Student Name)
__________________________________
(Student Name)
__________________________________
(Student Name)

 to attend the ‘Art Smart’ Visual Art Student Workshop Tuesday 17th May-
Thursday 19th May, 2016

Principal's signature: ___________________________ Date:_________________

_____________________________________________________________________

SCHOOLS: Please fax completed forms to Clunes Public School
by Friday 1st April 2016 (Fax 66291040) and forward payment/s to
Bernardine Cooper at Clunes Public School, Walker Street,
Clunes 2480.