**Information for parents & carers:**

Melrose High School (MHS) Come and Try Day 2024

**Anticipated group size:** 2 Staff & 58 Students **Staff/Student ratio:** 1: 29

**Where:** Malcom Barlow Hall, Melrose High School

**Date:** Tuesday 7 May 2024 (Week 2)

**Time:** 9.30am – 2.30pm

**Transport arrangements:** Students need to make their own way to and from Melrose High School.

**Permission note due date:** Thursday 2 May 2024 (Week 1)

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**Purpose & Activities:** Melrose High School Come and Try day gives prospective students the opportunity to visit Melrose High School and develop an understanding of the school’s processes. Students will be introduced to the high school setting, while being connected to support systems the school has to offer. The day will be full of exciting relationship building activities and introductions to each learning area’s context.

**What to pack, bring, wear:** Students must wear full uniform, including hat.There will be no access to the MHS canteen on the day. Students need to bring recess and a drink bottle. Melrose High School will provide one halal sausage sandwich per student (note any relevant dietary information for your child on the attached permission form).

**Torrens staff who will be in attendance:** Kat Taylor, Dave Lewis

**Behavioural expectations:** *Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities.*

*Parents should be aware that staff are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.*

**Risk Assessment:** available to view at front office on request.

If you have any questions regarding this excursion, please contact your class teacher via the front office. Please return the completed permission form by Thursday 2 May 2024.

***The Year 6 Teaching Team***

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Class: \_\_\_\_\_\_\_\_\_\_**

**Melrose High School Come and Try Day 2024**

**I understand I am responsible for getting my child to and from Melrose High School.**

**I understand that students will be dismissed from MHS at 2.30pm for collection or to make their own way home.** I understand that they will not be supervised from this time and are not in the care of the supervising teachers. **Please advise teachers how your child is leaving Melrose via the form below.**

My child will be dismissed from Melrose HS at 2.30pm and will be leaving Melrose:

**□** By car

**□** Walking

**□** By bus from ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I agree to my child participating in the activities associated with this excursion mentioned previously. I have discussed with my child the need for expected behaviour on this excursion. I authorise the school to make arrangements for the welfare of my child (including medical or surgical treatment) in an emergency and I agree to meet the associated costs. I have provided to the school all medical information relevant to my child attending this excursion. I agree that my child will be under the authority of the school for the duration of the excursion and that the school is authorised to return my child to school or home at my expense if the school considers that* circumstances *warrant such action. I give permission for my child to travel by private car, driven by a staff member or parent, in an emergency.*

Tick (√) or Cross (x) and complete all that apply:

□ You have previously completed the **2024 Medical Information and Consent Form** for your child.

□ Ifyour child’s medical information has changed since completing this Medical Information and Consent Form, please **update this with the Front Office prior to the day**.

□ If your child requires medication to be administered during the day (e.g. antihistamine, pain relief) please complete a **Medication Authorisation and Administration Record** available from the Front Office.

□ Relevant dietary information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**□ Best contact on day -** name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_