

FRENCH FILM FESTIVAL 2019

11/02/19

Dear Parents and Carers,

In March, French students will have the opportunity to attend a screening of 'Asterix: The secret of the magic potion' as part of the French Film Festival at Palace Electric Cinema. The French Film Festival is a nationwide, annual event organised by the Alliance Française in Australia. This family animation marks the 60th anniversary of this world famous comic. Asterix (voiced by the Christian Clavier) and Obelix (voiced by Guillaume Briat) go on the hunt for a talented druid to entrust a secret recipe.

This is a fabulous opportunity for Mount Stromlo French students to be exposed to the language in a setting outside of the classroom. As this event is so popular with schools it does sell out quickly and numbers are limited. The teachers in charge of this event will be Camille Landy and Rod Grieve.

The completed permission note and payment should be returned to the Finance Office by **Friday 8 March 2019**.

IMPORTANT INFORMATION:

Venue: Palace Electric Cinema – 2 Phillip Law Street, Canberra ACT 2601

Date: Tuesday 12 March 2019

Time: 9:00am to 12:15pm

Transport: Bus

Cost: \$22.00 (*\$4.50 Staffing; \$10.50 Entry; \$7.00 Transport*)

Food: Students need to bring their own food and drink

Clothing: School uniform

During school hours, Mount Stromlo's front office can relay messages to staff and students on the excursion.

It is customary for the school to request a financial contribution towards meeting the cost of your child's participation in this excursion. The school has made every effort to keep costs for this activity at a reasonable level. We have an equity fund, which can be used to provide financial assistance for students where parents are unable to make the requested contribution. If however there is insufficient total funding available to meet the cost of the excursion, regrettably we may not be able to proceed.

Withdrawing from this excursion with less than 3 school days notices requires a medical certificate for a refund to be granted.

If you have any questions regarding this excursion, please contact Camille Landy on 6142 3444 or via email camille.landy@ed.act.edu.au

Regards

Camille Landy
Languages Faculty
Mount Stromlo High School



MOUNT STROMLO HIGH SCHOOL PERMISSION NOTE FOR THE FRENCH FILM FESTIVAL 2019

I give permission for my child _____
to attend the **French Film Festival 2019** excursion on **Tuesday 12 March 2019**.

- Medical Consent provided early 2019 contains current information
- Medical condition has changed and I have downloaded and completed a new Medical Consent form which is attached **

I understand 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.

I am aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent. I will warn my child of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.

I have read the attached information regarding this excursion and understand what it contains.

Full name of parent (please print): _____

Signature of parent: _____ Date: / /

***If a Student's medical condition has changed a new Medical Consent form must be completed. The form can be downloaded from the School Website - Excursion Tab - <http://www.mountstromlohs.act.edu.au> or contact the front office on 02 6142 3444 for further assistance.*

PAYMENT SLIP FOR THE FRENCH FILM FESTIVAL 2019 DUE FRIDAY 8 MARCH 2019

Student Name: _____ TEAM : _____ Amount Enclosed \$

Payment Options: Cash () Cheque () Credit Card () On-line Credit Card: Fee Code: FRENCH

Funds Transfer via your bank website BSB 032-777 A/C 001797 ()

Cheques – Made payable to Stromlo High School

COMPLETE THE FOLLOWING INFORMATION IF PAYING BY CREDIT CARD:

CARD No: _____	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD
Name on Card: _____	Amount: \$ _____	
Signature: _____	Expiry: ____ / ____	CSV: _____

The Directorate collects the information contained in this form to provide or arrange first aid and other medical treatments for students. The information collected will be held at the student's school and will be made available to relevant school staff, including first aid officers, and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the "Information Privacy Act 2014" and the "Health Records (Privacy and Access) Act 1997 (ACT)".