Application Form



Please note:

Every year more students wish to attend than we have places for. Priority will be given to students who are avid readers or creative writers. Get your application in early to avoid disappointment.

Year Level / Group	4-6	Teacher in Charge	Ms Keen		
Activity	Voices on the Coast Literature Festival				
Purpose	To meet authors, illustrators and poets				

Destination / Venue	University of the Sunshine Coast				
Date of Departure	Friday 21 st Feb	Time of Departure8.30am			
Date of Arrival back at College	Friday 21 st Feb	Time of Arrival back at College	2.45pm		
Method of Transport	Bus with seatbelts fitted Private vehicle				

	Requirements	Details		
	Uniform	Formal uniform		
	Food	Bring food or money to purchase food		
Student	Drink	Bring a water bottle or money		
Requirements	□ Sun Protection Wear sunscreen and hat			
	□ Money	Books will be available for purchase on the day		
	□ Access to shops / canteen	Yes		
	□ Other	Can bring books to be signed if relevant		
	□ Cost of this activity has been included in the Composite Fee			
Cost	Note: Students making late withdrawals from this activity will normally be charged the cost of the ticket (\$32.00) unless a replacement is found or satisfactory explanation is accepted. If there are any problems with respect the participation of your child in the activity, please contact the Teacher in Charge.			

Poturn Concept Form and Emorgonou Information	Teacher in Charge	Ms Keen	
Return Consent Form and Emergency Information	Due Day	10 th Feb	
If you have any questions regarding this activity or your ch	nild's participation in it plea	se contact the Teacher in Charge at	

If you have any questions regarding this activity or your child's participation in it, please contact the Teacher in Charge at the College.

Student Medical and Consent Form

PACIFIC

Excursion: _					Date:				COLLEGE
Student Name	е	Date of Birt			Birth	/	/		
Address		Posto					ode		
Phone Number	er		Gender				□ Male	□ Female	
Medical Info	ormat	tion					·		
Medicare No					Other Hea (Specify)	Other Health Care			
Doctor's Name					Phone No				
1 st Contact Person in Emergency (24 hour contact if o/night)		у			Relationship				
Phone (hm)			Phone (wk)		Phone (m)			
2 nd Contact P (24 hour contact	Person in Emergency		;y			Relationship			
Phone (hm)			Phone (wk)		Phone (m))		
Does your ch	ild s	uffer from any	allergies					□ Ye	es 🗆 No
lf YES – Type, Severity and Treatment		Details:			Please	write on the ba	ack of this fo	rm if you requir	re additional space.
Does your ch	ild s	uffer any cond	itions requiri	ing m	edication (e.g. Epil	epsy, Asthi	ma)?	□ Yes	s □ No
If YES, please Details: supply details of condition, medication, name and contact number of treating		Details:	Please write on the back of this form if you require additional space.						
doctor.		///							
Has your chil	d suf	fered any rece	ent illnesses	or inj	uries?			□ Yes	s □ No
If YES, give details of illnes or injury.	SS	Details: Please write on the back of this form if you require additional spa					re additional space		
Current treatm	ent							7 =	<u> </u>
Authority fo	r Me	dical Treatme	ent and Con	isent	to Attend Activity	Y			
	is ne				theran College to o ade to contact pare				
I give permise	sion	for my child to	attend this a	activit	y.				
Full Name								_	
Parent/Guardian Signature							Date	/	/
<u>Student Agr</u>	reem	<u>ent</u>							
	alise	that the Stude			ow class members s set out in the Stu				

Student Signature

Date

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Years 4-6 Voices on the Coast Name:	Class:			
Circle one author in each session.				
Session I				
Tim Harris – Imagination and the art of laughter	Steven Herrick – Poetry to the rescue			
ILLUSTRATED BY JAMES HART ILLUSTRATED BY JAMES HART				
Session 2	Course has affer Thoma's all			
Martin Chatterton – Stories come from somewhere	George Ivanoff – There's always research!			
<image/>	YOU CHOOSE Image: Construction of the second o			
Session 3				
Jan Latta – Adventures in the Wild	Morris Gleitzman Then Soon Conce. Maybe			
Pip Harry – Meet the author of Little Wave	Jacqueline Harvey			
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