



## Dundana Elementary School

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PRINCIPAL: Mrs. Keery-Bishop

Dear Parent/Guardian,

In an effort to provide our students with a variety of musical experiences, students in Grades 1-5 have been invited to see a musical performance by HWDSB's Art Smart Program and Theatre Ancaster of the hit musical,

### **MARY POPPINS!**

A Musical based on the stories of P.L. Travers and Walt Disney Film  
Original Music and Lyrics by  
by Julian Fellowes, George Stiles and Anthony Drewe

***Story Synopsis:*** *Mary Poppins is the story of the Banks family who live in London, England. Things are not going well for the family as the children – Jane and Michael – are out of control and require a new nanny. When a mysterious woman named Mary Poppins appears at their doorstep, the family finds that their prayers have been answers. Mary wastes little time teaching Jane and Michael important lessons about life, even if her methods are a bit peculiar. In the end, it isn't just the children who she has a profound effect upon. Even grown-ups can learn a lesson or two from the nanny who advises, "Anything can happen if you let it."*

Students will have the opportunity to use their critical analysis skills to develop, share and justify a personal point of view about the performance and will demonstrate appreciation as audience members.

The cost to attend the performance is \$10.00, payable through School Cash Online.

Students who choose not to attend the performance will be working on an alternative music program at school.

We are looking for some volunteers for this trip. If interested please contact your students' teacher.

Please return all forms by Friday May 25, 2018.

Looking forward to a wonderful performance!

Ms. Galopoulos



PARENT/GUARDIAN INFORMATION LETTER

Dundana

School Phone: 905.628.2699

Date May 7, 2018

Please keep this form at home for your information

Dear Parent/Guardian:

As an extension of the curricular program, the Music Department is/are planning an excursion.

Location: Sir Allan MacNab Secondary School

Activity: View performance of Mary Poppins

Date(s)/Time(s) Leaving the School: 9:45am

Trip date: Tuesday June 5

Date(s)/Time(s) Returning to School: 1:30pm

Transportation Method: Sharp Bus Lines

Non-Staff Volunteers will be participating in this activity.

The cost per pupil for the excursion is 10.00

We encourage you to pay online

Students are required to bring: comfortable clothing, medication, lunch, snacks

The excursion is part of the regular school program. It is intended the students will learn:

Students will use critical analysis skills to develop, share and justify a personal point of view about the performance; and will demonstrate appreciation as audience members

Expectations regarding student behaviour are the same as those for the regular school day. While we do not anticipate any problems, any serious breach of the School Code of Conduct on the part of the student may result in the student being sent home at the expense of the parent/guardian and further disciplinary action may be imposed.

Student information contained in your child's school records will be taken along on the excursion and will be used only in the case of an emergency. Please ensure the following elements in your child's student information record is up-to-date. Notify the school office immediately of any changes:

- Parents/Guardians and Home Address/Phone Numbers
- Emergency Contact Names/Phone Numbers
- Medical/Health Concerns

We are looking forward to an exciting and educationally enriching excursion. Please indicate your acceptance of the conditions outlined above by completing and returning to the school the attached consent form by **May 25, 2018**

Volunteers  Volunteer Drivers are needed. Please contact your child's teacher if interested.

Please contact your child's teacher or the School Principal if you have any concerns or if your child requires any special accommodations for this activity.

Sincerely,



STUDENT EMERGENCY MEDICAL/CONTACT INFORMATION FORM

Dundana

*Please return this form to the school*

Excursion Location: Sir Allan MacNab Secondary School - 145 Magnolia Drive, Hamilton

Date(s) of Excursion: Tuesday June 5, 2018

Grade(s): 1-5

Class/Course/Group: Grades 1-5

**At the conclusion of this excursion/series of excursions, this form will be shredded by the school.**

To be completed by the parent/guardian:

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

*In the event of an emergency during this excursion, please list in order of priority who should be contacted:*

Name	Relation (e.g.: parent, uncle, friend)	Preferred Contact Telephone #	Alternate Contact Telephone #	Pickup Student Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

Medical Information required for this excursion to be used by Teacher/Supervisors:

Allergies: \_\_\_\_\_ Life Threatening: Yes  No

\_\_\_\_\_ Epipen: Yes  No

Other Medical Conditions/Restrictions/Limitations: \_\_\_\_\_

Are there any medical concerns/specific instructions related to this excursion (please attach additional information if necessary): \_\_\_\_\_

**FOR-OUT OF PROVINCE/COUNTRY EXCURSIONS ONLY**

Medical Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Provider Contact Telephone: \_\_\_\_\_ Proof of Coverage: Yes  No

**Consent of Parent/Guardian**

I/We understand that in the event of a medical emergency, while on the excursion, medical officials can authorize emergency medical care. This would apply when a serious condition exists and the Hamilton-Wentworth District School Board and medical officials have been unable to contact the parents/guardians.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Information on this form is collected under the legal authority of the Education Act and in accordance with the Municipal Freedom of Information and Protection of Privacy Act [MFIPPA]. It will be used only in the event of an accident or illness of the student attending the excursion. Questions or concerns should be directed to the school principal.



PARENT/GUARDIAN CONSENT FORM

THIS FORM MUST BE READ AND SIGNED BY A PARENT/GUARDIAN OF ANY STUDENT PARTICIPATING IN THE EXCURSION AND/OR BY ANY PARTICIPATING STUDENT OVER 18 YEARS OF AGE. PLEASE COMPLETE THIS FORM, ARRANGE FOR PAYMENT, AND RETURN TO THE SCHOOL BY MAY 25, 2018

School: Dundana  Date(s) of Excursion: June 5, 2018

Location: Sir Allan MacNab Secondary

- I/We acknowledge receipt of the letter dated 01-May-2018 from the school with respect to the upcoming student excursion. We authorize transportation by Sharp Bus Lines
I/We understand that excursions contain an element of risk and accidents may occur that may result in injury and/or loss without fault of either the student, or the school board, its' employees or the facility where the activity is taking place.
I/We understand that by choosing to allow the student to participate in this activity, you must understand that you bear the responsibility of for any injury that might occur. The chance of an injury occurring can be reduced by students carefully following instructions at all times while engaged in the activity.
I/We understand that Hamilton-Wentworth District School Board does NOT provide accidental death, disability, dismemberment or medical expense insurance on behalf of students participating in this activity. If you do not have private insurance coverage, Student Accident Insurance coverage is available and may be purchased through Reliable Life at 1-800-463-KIDS (5437) or online at www.insuremykids.com.
I/We grant permission to obtain medical treatment in the event of a medical emergency where attempts to make contact using the information provided to the school are not successful.
I/We understand that the School Code of Conduct as well as the Board's Code of Conduct on School Related Vehicles are in effect and will apply to all students at all times during this activity.
I/We understand that that neither Hamilton-Wentworth District School Board or the School will accept responsibility for any money not refunded by the service provider, nor for transportation costs incurred, should you subsequently decide not to permit the student to attend.
I/We understand Hamilton-Wentworth District School Board nor the School, will not be responsible for financial loss resulting from the cancellation of any school excursion by a Tour Company, Transportation Carrier or cancellation by the board.
I/WE HAVE READ THE ABOVE AND WE UNDERSTAND IN PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.
I/WE GIVE PERMISSION FOR THE STUDENT TO PARTICIPATE IN THE ACTIVITY NOTED ABOVE.

Name of Student: \_\_\_\_\_

Signature of Student (if over 18): \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent /Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE CHECK BOX IF PAYMENT HAS BEEN MADE ONLINE.