Dear Parents,

This notice is to inform you of the mandatory Drama excursions for VCE Drama for 2014. Next week both Unit 1 and Unit 3 students will be attending a research excursion for the Semester 1 Ensemble Performance (see below). They will also be seeing an in-school performance of Scattered Lives on Wednesday 19th March. Unit 3 students will be seeing a second performance, Neighbourhood Watch, on Monday 17th March. Both of these performances are from the official VCAA playlist. Unit 1/2 students will be attending a second theatre excursion in Semester 2.

Please note that ‘Neighbourhood Watch’ (for Unit 3 students only) alludes to abortion and suicide and incudes low level coarse language.

**NED KELLY RESEARCH EXCURSION: UNITS 1 & 3**

**EXCURSION DATE:** Wednesday 12th February  
**DEPARTURE TIME:** Please meet at Lilydale Station at 8.55 am  
**PROGRAM:**  
11.30 am: Old Melbourne Gaol  
1.00 pm: State Library  
**RETURN:** Students will be dismissed from Lilydale Stn between 4.00 and 4.30 pm.  
**LUNCH:** There will be a morning tea break and a very short lunch break, so students are advised to BYO lunch .

**NEIGHBOURHOOD WATCH: UNIT 3 ONLY**

**EXCURSION DATE:** Monday 17th March  
**DEPARTURE TIME:** Please meet at Kiss and Drop at 6.50 pm.  
**TRANSPORT:** Private car driven by Mrs Magee  
**VENUE:** Southbank Theatre (Melbourne Theatre Company)  
**RETURN:** Kiss and Drop approximately 11.30 pm

**TRANSPORT TO SOLO PERFORMANCE AND WRITTEN EXAMS: UNIT 3/4 ONLY**  
DATES TO BE ADVISED

If you have any queries regarding the excursions, please feel free to contact me.

Marlene Magee  
VCE Drama Teacher  
Mobile Number: 0417 523 447
I give permission for my child____________________________________________ to attend the VCE Drama Excursions and exams for 2014.

He/she may travel to the venue/s by public transport / private car driven by a staff member or parent.

I authorise the teacher in charge of the excursion to consent, where it is impracticable to communicate with me, to the child’s receiving such medical attention as may be deemed necessary.

Signed_____________________________________(Parent/Guardian) Date____________________

Special arrangements (if necessary)______________________________________________________