

Please complete and sign this form (and payment form if applicable) by 9:00am on Monday 15 April (Week 1, Term 2):

Email (with attachments) to mondaymasterclass@brisbaneshs.eq.edu.au

Preferences: Students are welcome to select more than one Masterclass. Please preference your selection of masterclasses in the box provided.

Student's full name <i>Please print clearly</i>		Year Level: _____	
Preferences to be listed: 1, 2 or 3 etc, in the box provided	Week/s	Provider and Program Masterclass	Cost
	2,3,5,6,7,8	Chess Mates	\$90
	2,3,5,6,7,8,9,10	Introduction to Auslan	\$195
	2	Elevate Education: Junior Time Management	\$20
	6	Elevate Education: Junior Kick Start Study	\$20
	2,3,5,6,7,8	Scrabble	\$5
	2,3	QUT: Gamified Boardgames	\$30
	2	QUT: Prosthetic Leg	Free
	3	QUT: Clean Water	Free
	2,3,5,6,7,8	Religious Instruction	Free
	5,6,7,8	Barista: Craft Your Coffee Journey	\$200
	2,3,5,6,7,8	Mathematics Extension & Enrichment	\$20
	2,3,5,6,7,8	Brick to Brick	\$10
	2	Drumming	Free
	5	Enhance you Self-Care Habits	Free
	8	Interview Skills	Free
	6	Resume Writing	Free
	3	Nutrition	Free
	2,3,5,6,7,8	Peers for Academic Success: Peer Mentoring	Free
	2,3,5,6,7,8	Rock and Water	Free
	2,3,5,6,7,8	SAS: Support for Academic Success	Free
	2	Sleeping Well	Free
	3,5,6,7,8	Yr 12 Destination Conversations	Free
	8	State High Futures: Performing Arts	Free
	6	State High Futures: Education	Free
	7	State High Futures: Engineering, IT, Business	Free
	3	State High Futures: Health, Math & Sciences	Free
TOTAL COST			\$

Office Use Only

RECEIVED ON:

Monday Masterclass Consent Form

- I give consent for my child to attend and participate in the selected Monday Masterclass course at BSHS. By participating in the Masterclass, my child will follow the BSHS Student Code of Conduct. If a breach of the policy occurs, the outlined consequences will be followed.
- I understand that masterclasses are facilitated by external providers and teaching practitioners and that BSHS staff are onsite for Monday Masterclasses. If a requirement for the course is to travel offsite, this will be outlined in the program information.
- I acknowledge that the P&C Association has arranged insurance cover for all students. This cover offers students the protection of personal accident insurance while at school or undertaking school authorised activities, including during sporting activities and school excursions.
- In accordance with Queensland Health's requirement for businesses and venues to keep a register of contact details for all attendees on their premises to assist with contact tracing in the event of a COVID-19 outbreak, I give consent for my child's name to be given to businesses visited during this activity in compliance with Queensland Chief Health Officer's Restrictions on Businesses, Activities and Undertakings Direction (No. 4) (or its successor).

STUDENT'S MEDICAL INFORMATION *(Please tick as appropriate)*

I have previously supplied my child's medical information.

There is NO medical information for my child that requires attention during this excursion.

I have NOT previously provided my child's medical information. (Please provide details below).

Current Medical Information *(please provide details)*

Condition:

Allergy Details:

Symptoms:

Management:

Special dietary requirements

Other issues that may affect student's well-being

MEDIA CONSENT

I understand that photos or videos may be taken during this activity for promotional purposes and give permission for this to occur.

ALTERNATIVE PICK UP OR EXIT AUTHORISATION *(if applicable)*

I permit my son/daughter to depart at the conclusion of activities to catch their usual form of transport home.

PARENT/GUARDIAN CONSENT:

Parent/Guardian Name:

Signature:

Date:

Contact Number: