12 September 2017

**RE: EOTC WEEK September 26th-29th, 2017**

Dear Parents/ Guardians

Bali Island School supports Education Outside the Classroom (EOTC) as providing significant benefits for young people. In the interest of the holistic development of each student, Bali Island School has established a valuable EOTC programme, beginning in the MYP and extending through the DP. The programme will take place Tuesday 26th - Friday 29th September. Students will develop the various attributes of the IB learner profile, initiate a service project and be guided towards adulthood by developing key life skills. As such, it is expected that all students attend as part of the school curriculum.

The **BIS eNews** has a guide to the learning outcomes and programme overview for each year group as well as the itinerary and packing list.

**Please note that the cost of EOTC Camps is part of the school fees, therefore there is no additional charge for the trip.**

|  |  |  |  |
| --- | --- | --- | --- |
| **GRADE** | **CAMP** | **STAFF** | **STUDENTS** |
| 6 | Tanah Wuk Campsite Sangeh , Badung-Bali | Christy Mathers, Leif Hopkins, Ibu Sri Mahendrani | 20 |
| 7 | Golden Leaf Farm Campsite Asah Gobleg, Bedugul-Bali | Ed Andrews, Ibu Made Sariasih, Karin holley | 19 |
| 8 | Nusa Penida | Hamish Sutherland, Justin Walsh, Sean Knudson, Ibu Putu Mustiari | 32 |
| 9 | TOYA DEVASYA Campsite, Toya Bungkah,Batur - Bali | Ted Wilson, Hayley Green, Michele McClay | 20 |
| 10 | Camp to Camp Hiking, Karangasem - Bali | Sylvain Delhomeau, Aine Quinn, Rosa Carbajal | 23 |

Students will take part in pre- and post-trip activities on Thursdays during the MYP session and will be expected to present their reflections to the rest of the school.

The school cannot be held responsible for any incidents or loss of property that may be sustained during these independent trips. To acknowledge your understanding of your child’s responsibilities and duties during the EOTC, and to give the school authorization for your child to proceed in participating in this exciting opportunity, please complete and return the following form to school by Friday **September 15th 2017.**

Sincerely,

Hamish Sutherland

Student Life Coordinator

RETURN FORM TO HOMEROOM TEACHER BY SEPTEMBER 15TH 2017

|  |
| --- |
| **Parental Consent, Emergency Contacts and Risk Disclosure** |
| **STUDENT NAME**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADE\_\_\_\_\_\_\_\_\_ |
| **EMERGENCY CONTACT#1**:  NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **EMERGENCY CONTACT#2**:  NAME ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **To be read and signed by adult assistant or parent/caregiver of child participant.**  I agree to my child/myself taking part in the EOTC event and have received sufficient information on which to base a decision. I agree to their participation in the activities described. I acknowledge the need for them to behave responsibly. |
| **Acknowledgement of Risk** |
| I have read the EOTC event information sheet and I understand that there are risks associated with involvement in school EOTC events and that these risks cannot be completely eliminated. I understand that the school will identify any foreseeable risks or hazards and implement correct management procedures to eliminate, isolate or minimise those hazards. I understand my child has been involved in the development of safety procedures. I will do my best to ensure that I/my child follow these procedures.  I know that I am able to ask any questions of the school about the activities I/my child will be involved in, to gain a better understanding of the risks involved. I recognise that participation in such activities is voluntary and not mandatory through a ‘challenge by choice’\* procedure. My child and I both understand that I/they may withdraw from an activity if I/they feel at risk. This must be done in consultation with the person in charge.  I understand that the school does not accept responsibility for loss or damage to personal property and that it is my responsibility to check my own insurance policy.  PARENT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |