**RE: EOTC WEEK August 27th- 30th, 2019**

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 program, beginning in Gr 4 in the PYP and extending through the MYP and DP. The program will take place Tuesday 27th - Friday 30th August with Gr 4 participating 29/30th and Gr 5, 28-30th. 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 BIS EOTC Philosophy and program 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.**

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| **GRADE** | **CAMP** | **STAFF** | **STUDENTS** |
| 4 | The Sila’s Agrotourism, Bedugul Tabanan - Bali | Mrs Turner, Ibu Ketut, Mr Eldred | **17** |
| 5 | AURA SHANTI Bali Retreat camp, Tabanan | Ms Wighton, Ibu Nyoman, Mr Watson, Female to be name | 19 |
| 6 | Tanah Wuk Campsite Sangeh , Badung-Bali | Mrs Erikson, Mr Marshall, Ibu Dewi, Pak Agas, Ibu Eta | 20 |
| 7 | Golden Leaf Farm Campsite Asah Gobleg, Bedugul-Bali | Mrs MacDonald, Mr Collins, Ms Canan, Mr Graeme Howell | 20 |
| 8 | Pemuteran | Ms Alborn, Mr Sutherland, Mdm Marie, Ibu Ina | 16 |
| 9 | Seked Batur Natural Hot Spring Campsite, Toya Bungkah,Batur | Ms Taylor, Mr Ingram, Ms Green, Ms Gerbic | 18 |
| 10 | Camp to Camp Hiking from Bedugal | Mr Andrews, Mr Wilson, Ms McLay, Ibu Ayu | 21 |

MYP 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 your homeroom teacher by the close of school Wednesday August 21st 2019.

Sincerely,

Hamish Sutherland

Student Life Coordinator

RETURN FORM TO HOMEROOM TEACHER BY WEDNESDAY AUGUST 21ST 2019

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| **Parental Consent, Emergency Contacts, Medical Update and Risk Disclosure** |
| **STUDENT NAME**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADE\_\_\_\_\_\_\_\_\_ |
| **EMERGENCY CONTACT#1**:  NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **EMERGENCY CONTACT#2**:  NAME ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **MEDICAL**  Is there any update to your child’s medical records we are not aware of? **YES / NO**  If yes please describe:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **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 minimize 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. 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 child’s insurance policy.  I agree to my child taking part in this 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.  PARENT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |