



WORDS OF WAR (YEARS 11-13)

Directed by Samantha Young

2018 will mark 100 years since celebrated World War 1 poet Wilfred Owen died at the age of 25. Much like Owen's work itself, Words of War reverberates with passion, anger, humour and heartbreak.

Featuring an updated script from playwright Matt Edgerton to mark the anniversary this show is more powerful and prescient than ever.

Words of War follows the life of Owen and the influences that led him to become one of the most striking and brilliant voices of his era. The show examines people's attitudes to war and how, through Owen's poetry, we can come to a better understanding of war today.

Poems include: Spring Offensive, Dulce et Decorum Est, Parable of the Old Man and the Young, Mental Cases, Disabled, Anthem for Doomed Youth, Futility.

PICTON HIGH SCHOOL

Creating Opportunities Achieving Success



Faculty:

Year:

Name of excursion:

Venue:

Date:

Cost:

Transport:

Uniform required:

The school reserves the right to exclude any student from an excursion if they do not comply with the uniform expectations.

Organiser/teacher in charge:

Emergency contact number:

Reason for excursion:

Departure time and Location:

Time of return and location:

Proposal approved by Head Teacher:



I give permission for _____ of roll class _____ to attend the:

Return to school Retain for your reference

..... ***I understand that the Department of Education do not cover the cost of medical expenses incurred***
..... ***as a result of an accident or injury to my child.***

I understand that my child will be excluded from this excursion if they are on suspension.

I give permission to the school and DoE to publish names and photographs of my child: YES NO

In case of emergency I may be contacted at this number: _____ I enclose: \$ _____

Special needs of my child of which you may need to be aware (please provide full details).

Anaphylaxis Epilepsy Asthma Other (please state) _____

Medication: _____

Special Dietary Requirements: _____

Allergies: (please tick)

Sun Grass/Dust Pollen Insect Bites

Allergy to the following medication: _____

Other (please state): _____

Medicare Number: _____

Parent Signature: _____ **Date:** _____