



# Ambarvale High School

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Principal: Ms L Barnott-Clement, M.A., M.Ed., B.A., Dip.Ed.  
Deputy Principal: Ms M McKenzie, B.A., Dip.Ed.  
Deputy Principal: Mr D Macpherson, Dip.Teach.

## Educational Excursion Information and Consent Year 7 & 8 Gala Day

Dear Parent

Students in Years 7 and 8 will have the opportunity to participate in the annual Fisher Zone Gala Days, Term 1 and Term 3 this year. Students from Eagle Vale, Leumeah, Sarah Redfern, Airs, Ambarvale and Campbelltown Performing Arts High Schools will compete at the Zone Gala Days. This day is a whole grade event and thus all students in years 7 and 8 are expected to attend. Timetabled classes will not run on these dates. The sports on offer this year are Soccer and Touch Football, to be held at Kayees and Victoria Park Minto. There will also be Netball and Kickball, to be held at Coronation Park Minto. Years 7 and 8 teams will be mixed however boys and girls competitions will be separated.

### When:

Term	Term 1	Term 3
First Gala Day Date	Thursday week 9, 28 <sup>th</sup> March	Thursday week 6, 29 <sup>th</sup> August

In the event of a cancellation due to bad weather, the following backup dates will be used;

Term	Term 1	Term 3
Back up Gala Day Date	Thursday week 10, 4 <sup>th</sup> April	Thursday week 7, 5 <sup>th</sup> September

**Where:** Kayess/Victoria Park, Memphis Street, Minto, NSW 2566 (Soccer & Touch).  
Coronation Park, Redfern Rd, Minto, NSW 2566 (Kickball & Netball).

**Transport:** Students will travel by hired bus.

**Cost: \$18.00.** This covers the bus for **BOTH Gala days** in Term 1 and Term 3. (All monies to be paid at the office by Monday, 18 March 2019. Receipt and permission note returned to the PDHPE staffroom). **If there are any issues with making payment before the due date, please see Ms Phillips or Ms Wilson as arrangements can be made to assist you.**

**What to bring:** Hat, sunscreen, drink bottle, full sports uniform, joggers (**no boots allowed**), your own recess and lunch. Please note that there will be no canteen facilities available on the day. **If choosing soccer, you MUST bring and wear shin pads or you will not NOT be able to play.**

**Dress Code:** Students are required to wear their full sports uniform.

**Departure from:** Students will need to attend roll call as normal at 8:30am. Then depart from Ambarvale High School at 8:45am.

**Return to:** Ambarvale High School at approximately 2:50pm

**Other:** In the event of bad weather, all communication will be via the school Facebook page. Check the morning for details. You can also ring the school from 7:30am for live updates.

### Supervising Teacher/s: Teachers in Charge:

Ms M Phillips  
Mrs E Burcher

### Emergency Care

### First Aid Certificate

**Emergency Contact Number:** 4627 1800

*Please complete and sign the permission note attached and provide relevant medical information.*

Mrs K Page  
Head Teacher PDHPE  
25 February 2019

Miss M Phillips  
Zone Sport Coordinator



**Excursion Consent  
Year 7 & 8 Gala Day**

I give permission for my child \_\_\_\_\_ of year \_\_\_\_\_ roll call \_\_\_\_\_ to attend both of the Year 7 & 8 Gala Days to Kayess/Victoria Park or Coronation Park on Thursday, 28 March Term 1 and Thursday, 29 August Term 3. I understand that students will attend roll call as per normal at 8:30am and depart from school at 8:45am. They will return to school at 2:50pm. My child must wear sports uniform. The cost of the excursion is \$18.00 and needs to be paid by Monday, 18 March 2019. I understand that if my child is behaving in an unsafe manner he/she will be excluded from the activities and may be asked to be collected and taken back to school.

I also understand that in the event of wet weather, Gala Day will be rescheduled to a different date. The backup dates are Thursday, 4 April for Term 1 and Thursday, 5 September for Term 3. All details of the event will remain the same. You will be notified about the change of date via the school Facebook page. If this is the case, I give permission for my child to attend the rescheduled Gala Day on the advised back up date.

**MEDICAL INFORMATION:**

Medical conditions \_\_\_\_\_

Allergies \_\_\_\_\_

Diet requirements \_\_\_\_\_

Medication \_\_\_\_\_

Other \_\_\_\_\_

Medicare Number (optional) \_\_\_\_\_

Does your child have an ASCIA action plan? **YES / NO**

**Parent/Emergency Contacts:**

	Name	Contact Number	Relationship to Student
1.	_____	_____	_____
2.	_____	_____	_____

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_