



Ambarvale High School

Thomas Rose Drive Rosemeadow NSW 2560
PO Box 90 Campbelltown NSW 2560
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Email: ambarvale-h.school@det.nsw.edu.au

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

Educational Excursion Information and Consent Year 11 Work Studies Travel Excursion

Dear Parent

Your child is currently studying Work Studies, a course aimed at giving students a variety of practical experiences of the workplace and society. In the school-developed unit, **Travel and Holidays**, students will gain an understanding of the requirements of budgeting, planning, and implementing a holiday in a safe and financially prudent manner. In order to provide a practical experience in this unit, students will be travelling to a variety of Sydney tourist destinations and conducting a field study of these venues.

Students will be leaving Campbelltown Train Station at 7:45am and throughout the day will be required to travel on trains and light rail to reach the Sydney Aquarium, Madame Tussauds and Sydney Wildlife Zoo in Darling Harbour. Students will finish their field study at approximately 1:30pm and return to Campbelltown Train Station by approximately 2:45pm.

When: Wednesday, 12 June 2019

Where: Sydney Aquarium, Madame Tussauds and Sydney Wildlife Zoo, Darling Harbour

Cost: \$28.00 for the three venues that must be paid **by Wednesday, 29 May 2019**. Payments can be made via the school website (www.ambarvale-h.school@det.nsw.edu.au) or the front office.

Students are also required to bring an Opal Card with at least \$15.00 to cover transport to and from the venue

Permission notes: Permission notes are to be signed and returned by **Wednesday, 29 May 2019**.

Dress Code: Full school uniform must be worn.

What to bring: Students are to bring their Opal Card and either a packed lunch or money to buy lunch during allocated lunch and break periods.

Departing from: Campbelltown Train Station East Side – **7:45am**

Returning to: Campbelltown Train Station East Side – approximately **2:45pm**

Parents are responsible for their child's transport and safety prior to departure time at location and following return time at location.

Supervising Teacher/s:

Emergency Care

First Aid Certificate

Teacher in Charge: Mr D Aquilina



Emergency Contact Number: 4627 1800

Please complete and sign the Permission Note attached and provide relevant medical information.

Mrs W Presland
Relieving Head Teacher HSIE
1 May 2015

Mr D Aquilina
Organising Teacher



**Educational Excursion Information and Consent
Year 11 Work Studies Travel Excursion**

I give permission for my child _____ to attend the Year 11 Work Studies Travel Excursion on Wednesday, 12 June 2019. I understand that students will depart from Campbelltown Train Station at **7:45am**, and will return to Campbelltown Train Station at **2:45pm** where they will be dismissed upon arrival. If I wish the teacher to dismiss my child at Central Station I understand that I will be responsible for my child from the point of the teacher's departure at 1.45pm. My child must wear full school uniform. I understand that full payment of \$28.00 must be made by **Wednesday, 29 May 2019**. I understand that students must bring their own OPAL card with a minimum of \$15.00 loaded on to the card.

Parents are responsible for their child's transport and safety prior to departure time at location and following return time at location specified below;

I wish for my child to be **dismissed from Central Strain Station at 1:45pm** on the teacher's departure from the station. I understand that I will be responsible for my child's transportation arrangements home from the station.

I wish for my child to be **dismissed from Campbelltown Station at 2:45pm**.

(Please tick ONE of the above)

MEDICAL INFORMATION:

Medical conditions _____

Allergies _____

Diet requirements _____

Medication _____

Other _____

Medicare Number (optional) _____

Parent/Emergency Contacts:

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

Parent Signature: _____ **Date:** _____