



Ambarvale High School

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Principal: Ms L Barnott-Clement, M.A., M.Ed., B.A., Dip.Ed.
Deputy Principal: Ms S Arts, M.Ed., B.Sci., Dip.Ed.
Deputy Principal: Ms E Fitzgerald, B. Health Science, Dip.Ed.

Gifted and High Potential English and Drama Students

Dear Parent

Your child has been nominated to attend an enrichment excursion to Riverside Theatre Parramatta to see the show 'Cusp', an Australian Theatre for young People and Brown's Mart Theatre co-production.

Staff at Ambarvale High School have noted that your child shows flair and talent in either Drama or English in the creative or academic space.

When: Tuesday, 31 March 2020

Where: Riverside Theatre Parramatta

Cost: Nil. Tickets and transport will be covered by the school as a reward for your child for their hard work in Drama or English.

Students will be travelling by bus, driven by Mr Macpherson to and from the venue. The show begins at 11:00am. Students will arrive back at school by 2:50pm.

Students will need to bring their recess and lunch with them and will have the opportunity to eat either at the venue or when on the bus.

Supervising Teacher/s:

Emergency Care

First Aid Certificate

Teacher in Charge: Ms S Arts
Mr D Macpherson

Emergency Contact Number: 4627 1800

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

Ms S Arts
Deputy Principal
5 March 2020



Excursion Consent
Gifted and High Potential English and Drama Students

I give permission for my child _____ to attend an enrichment excursion to Riverside Theatre Parramatta to see the show 'Cusp', an Australian Theatre for young People and Brown's Mart Theatre co -production. I understand that students will depart from Ambarvale High School by bus driven by Mr Macpherson and will return to school at approximately 2:50pm. My child must wear full school uniform.

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

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:** _____