



Ambarvale High School

Thomas Rose Drive Rosemeadow NSW 2560
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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.

Educational Excursion Information and Consent Luna Park – Crime, Justice and Money Elective

Dear Parent

Year 10 Crime, Justice and Money will be studying the topics **Running a Business** and **Marketing** this semester. As a practical component of our learning, students will attend and engage in a business seminar at Luna Park. This seminar will enable students to explore the key business management and marketing issues of this business. Students will be required to complete a **Business Investigative Study** on the day that will be assessable and contribute to their semester grade. They will also have an opportunity after the business forum to 'Learn as they Ride'.

When: Monday, 9 March 2020

Where: Luna Park, Milsons Point, Sydney.

Itinerary and transport: Students will be travelling by train. Students are required to make their own way to Campbelltown Train Station by 7:15am and will be dismissed from Campbelltown Train Station upon arrival at 4:00pm. Students are also required to have an OPAL card with a minimum of \$7.00 loaded on their card.

Parents are responsible for their child's transport and safety prior to departure time at Campbelltown Train Station and following return time at Campbelltown Train Station. Parents who chose to grant permission for their child to be dismissed from Luna Park will be responsible for their child from the time the teacher leaves the venue at 2:30pm.

Cost: \$30.00 (+ Opal Card on the day)

All monies must be paid online via the school website (www.ambarvale.h-school@det.nsw.edu.au) or to the Front Office by Friday, 27 February 2020. **Payments will not be taken after this date.**

What to bring: Lunch or money to purchase food on the day, a hat, water and a pen/clipboard.

Dress Code: Full school uniform must be worn.


Departure from: Campbelltown Station at 7:15am


Return to: Campbelltown Station at 4:00pm

Supervising Teacher/s:	Emergency Care	First Aid Certificate
Teacher in Charge: Mr Daniel Aquilina	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lauren Dellow	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Emergency Contact Number: 4627 1800

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


Ms Joanne Novak
Head Teacher HSIE
3 February 2020


Mr Daniel Aquilina
Organising Teacher



Excursion Consent
Luna Park

I give permission for my child _____ to attend the Luna Park Excursion on Monday, 9 March 2020. I understand that students will depart from Campbelltown Train Station at 7:15am, and will return to Campbelltown Train Station at 4:00pm where they will be dismissed upon arrival. If I wish the teacher to dismiss my child at the venue I understand that I will be responsible for my child from the point of the teacher's departure at 2:30pm. My child must wear full school uniform. The cost of the excursion is \$30.00 and needs to be paid by Friday 27 February 2020. **Payments will not be taken after this date.** I understand that students must bring their own OPAL card with a minimum of \$7.00 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 Luna Park at 2:30pm** on the teacher's departure from the venue. I understand that I will be responsible for my child's transportation arrangements home from the venue. **(NOTE: Parents wishing to select this option for year 10 students will need to confirm with attending staff members by phone AND in writing. We expect that most Year 10 students will be returning with teachers to Campbelltown Station)**

I wish for my child to be **dismissed from Campbelltown Station at 4:00pm.**

(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: _____