

## Ambarvale High School

Thomas Rose Drive Rosemeadow NSW 2560 PO Box 90 Campbelltown 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.

## Excursion Consent Support Unit – Sydney Zoo

## Dear Parent

As part of our Community Access Program, we will be taking our students to the new Sydney Zoo in Bungarribee. On our excursion to Sydney Zoo, students will have the opportunity to revisit the "Endangered Animals" Unit from Term 2.

This will be a full day excursion with students leaving school at 8:30am and returning to school by 2:50pm. Travel will be by bus from school to Sydney Zoo. Whilst at the Zoo, students will be attending a Living World Workshop on 'Orangutan Survival'.

Students will need to bring their own recess, snacks, lunch and drinks. Full school uniform and sensible enclosed footwear will need to be worn.

When: Friday, 20 November 2020

Where: Sydney Zoo, Bungarribee

**Itinerary and transport:** Transport will be by bus to and from Sydney Zoo. Leaving school at 8:30am and returning to Ambarvale High School by 2:50pm. Students will then travel home the same as a normal school day.

Cost: There will be no cost for this excursion

What to bring: Recess, snacks, lunch and drinks

Dress code: Full School Uniform and sensible enclosed footwear

	<b>Emergency Care</b>	First Aid Cert
Teacher in Charge: Mrs Whitehead		$\overline{\mathbf{Z}}$
Other Staff Attending: Mr M Devlin		
Ms Sitterlee	$\overline{\checkmark}$	$\overline{\checkmark}$
Mrs A Martin	$\square$	
Ms Vicki O'Brien (SLSO)		
Ms Linda Jones (SLSO)	$\overline{\checkmark}$	

Please complete and sign the permission note attached and provide relevant medical information by Friday, 6 November 2020

Relieving Head Teacher Support

27 October 2020



## Excursion Consent Support Unit – Sydney Zoo

I give permission for my child excursion to Sydney Zoo on Friday, Ambarvale High School at 8:30am an wear full school uniform and bring th	, 20 November 2020. nd will return to Amba	I understand rvale High Sch	that studer	nts will be leav	ring
MEDICAL INFORMATION:					
Medical conditions					
Allergies					
Diet requirements					
Medication					
Other					
Medicare Number (optional)					
Parent/Emergency Contacts:					
Name	Contact Number		Relationsl	hip to Student	
1	-				
2					
Parent Signature:		Date: _			