



## 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.

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### Girls' Night In Years 7 and 8

Dear Parent

Your daughter is officially invited to attend Ambarvale High School's very first *Girls' Night In*. The evening has been created to provide your daughter with an opportunity to enjoy the cinematic experience of the film *Hidden Figures*.

We would love your daughter to attend the screening of this film and be accompanied by another wonderful woman in her life. This could be her mum, cousin, gran, carer, aunt, sister, team coach, friend or even a teacher.

When: Wednesday, 31 March 2021

Time: 4:45pm – 7:30pm

Where: Ambarvale High School

What to Bring: Please bring your own blanket, bean bag and pillows, so that you can sit back, relax and enjoy the film. Don't forget your favourite movie snacks! Pizza will be arriving at 5:00pm and the film screening will start shortly afterwards. We look forward to your daughter's attendance at the event and meeting that wonderful woman who inspires her daily.

*Please complete and sign the permission note attached and provide relevant medical information to Ms Zahid in the English Staffroom by Friday, 26 March 2021.*

Mrs G Koens  
Relieving Head Teacher Wellbeing  
23 March 2021

Ms A Zahid  
Organising Teacher



**Excursion Consent  
Girls' Night In  
Years 7 and 8**

I give permission for my child \_\_\_\_\_ to attend the "Girls' Night In" movie night on Wednesday, 31 March 2021. She will be accompanied by her special guest \_\_\_\_\_ on the evening.

**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: \_\_\_\_\_