



# Ambarvale High School

Thomas Rose Drive Rosemeadow NSW 2560  
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Principal: Ms L Barnoff-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.

## High Potential Gifted Students Excursion Term 2 – Tuesday, 1 June 2021

Dear Parent

Congratulations! Your child has been invited to attend The Riverside Theatre as part of our High Potential and Gifted Student program. Students will travel by bus from school to the Riverside Theatre in Parramatta. There will be selected students from Years 7 to 10 at this event and will be accompanied by teachers. The fee will be fully subsidised by Ambarvale High School.

**When:** Tuesday, 1 June 2021

**Where:** Riverside Theatre, Parramatta

**Itinerary & Transport:** Students will need to arrive by 8:30am for departure from school at 9:00am. Students will return to school by 2:50pm.

**Cost:** Nil

**Dress Code:** Full School uniform must be worn.

**What to bring:** Morning tea, lunch, drink, hat, sunscreen and stationery supplies.

**Supervising Teacher/s:**                      **Emergency Care**                      **First Aid Certificate**

**Teacher in Charge:**

Ms Perwaiz	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mr E Burcher	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Emergency Contact Number:** 4627 1800

*Please sign attached permission note and return to Ms S Perwaiz in the Learning Centre.*

Ms A Fracarossi  
Relieving Head Teacher  
Learning and Teaching  
10 March 2021

Ms S Perwaiz  
Student Learning Adviser

Ms E Burcher  
Student Learning Adviser



**Excursion Consent  
Riverside Theatre**

I give permission for my child \_\_\_\_\_ to attend the Riverside Theatre at Parramatta on Tuesday, 1 June 2021. I understand that students will depart from school at 8:30am, and will return back to school by 2:50pm; my child must wear full school uniform.

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