

Ambarvale High School

Thomas Rose Drive Rosemeadow NSW 2560 PO Box 90 Campbelltown NSW 2560

Phone: (02) 4627 1800 Fax: (02) 4628 5289 Email: ambarvale-h.school@det.nsw.edu.au

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 Information and Consent Learning Labs Program

Dear Parent

Congratulations! Your child has been identified as a student who would be ideally suited to participate in the Learning Labs enrichment program for high achieving students who are currently in Years 7-10 during 2021. It has been organised and run by the Regional Campuses and Student Diversity at the Western Sydney University.

Date: 1 Day learning labs: Thursday, 1 July 2021 (School Holidays)

2 Day Workshops: Friday, 2 July 2021 (School Holidays)

Time: 9:00am - 3:30pm. Details for meeting points and specific information about the course will be sent with the acceptance letter from the Western Sydney University to the email placed on the application.

Cost: Nil. The original fee of \$185.00 - \$200.00 will be fully subsidised by Ambarvale High School.

Location: Western Sydney University (WSU).

Transport: Students are to find their own form of transport to and from the venue. Please be aware that no teachers from Ambarvale High School will be attending this program.

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

Workshop summary: Please view the attached flyer for workshop options.

Should your child be interested in attending the Learning Labs program, please select the workshops that are of interest and fill out the consent form and return it to Ms Perwaiz, who will submit the application on your behalf. There are limited places for students to have the cost of the program covered by Ambarvale High School, therefore, the first to return this note completed and signed will be assisted to apply first and will have more of an opportunity to secure a position.

All notes need to be returned to Ms Perwaiz in the Library by **Friday, 30 April 2021**. However, the earlier the note is completed and returned, the earlier we can submit your child's application. They require one form of supporting documentation that will be organised at school.

Please contact the school on 4627 1800 or visit the website http://www.WSU.edu.au/in2uni-myway/learninglabs/index.html for further information about the program.

Ms L Barnott-Clement Principal

28 April 2021

Ms S Perwaiz

Student Learning Adviser



Learning Labs Program Consent Form

I give permission for my child to participate in the Learning Labs enrichment program at the Western Sydney University between Thursday, 1 July 2021 – Friday, 2 July 2021. I am aware that students are to find their own form of transport to and from the venue. I am also aware that no teachers from Ambarvale High School will be attending this program.
My child's first three workshop choices are (you will only be able to attend ONE workshop):
1.
2.
3.
In your own words, please tell us why you would like to attend these workshops.
Please tick the appropriate box as to whether or not you give permission for the below statements.
I hereby consent for the Western Sydney University to release my child's name and workshop information to their school post attending Learning Labs.
□ Yes □ No
Students will have to organise their own transport arrangements to and from campus. Only parents listed on this form will be able to pick up my child.
□ Yes □ No
With parent permission, students age 12 and above may walk or take public transport. If you would like to authorise your child to leave the programs without a responsible adult, please indicate.
☐ Yes, they may leave the campus after their workshop ☐ No, they must wait for an adult to pick them up
I understand that:
Students will be participating in an adult learning environment and will be supervised by a combination of WSU Academics, Assistants, Teachers and Learning Labs volunteers. Primary school students will be ushered to and from bathrooms and supervised during break times. High School students will have some freedom to choose their break time location on campus.
□ Yes □ No



WSU staff h	as the authority to treat or seek treatment for my child in the case of a medical emergency.			
□ Yes □	□ No			
publicity puphotograph. material. Th	to Publish - In2Uni Learning Labs occasionally uses photography and digital media for urposes and showcasing the work of the students. We would like your permission to /film your child for possible inclusion in our publications, websites and other publicity ne image will remain the property of the Western Sydney University and will be used for the purpose of marketing and promotion of In2Uni.			
□ Yes □	□ No			
Western Sydney University (WSU) periodically needs to collect personal information in order to better serve current and future students and related parties. In this instance, WSU is collecting and using your personal information for the ongoing evaluation of In2Uni programs. In giving us your personal information, you acknowledge that it may be shared within WSU, with volunteers and other contracted parties, but only for the above purposes. You may choose not to give us your personal information but that may hinder our ability to deliver the services you expect. You may withdraw, access or correct your information at any time by calling (02) 4221 5557.				
□ Yes □	□ No			



STUDENT INFORMATON:		
Address:		
Date of birth:		
MEDICAL INFORMATION:		
Medical conditions		
Allergies		
Diet requirements		
Medication	188144111111111111111111111111111111111	
Other		
Medicare Number (optional)		
Parent/Emergency Contacts:		
Full Name	Contact Number	Relationship to Student
1		
2		
Primary email address:		
will not be submitted withouThis email address will be information	at a current email address used by the Western Sydney Un	child's application, the application tiversity staff to send only relevant on by 25 June 2021, via this email
Student collection:		
Please list the parents/guardians the University. Please note if the parent "same as above".	nat are authorised to pick up yo ts/guardians are listed as the em	ur child from the Western Sydney ergency contact above, just include
Parent/Emergency Contacts:		
Full Name 1 2		Relationship to Student

Parent Signature: _____ Date: _____