



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 Incursion Information Casula Powerhouse Museum – The Tempest Year 10, 11 and 12

Dear Parent

Your child has the opportunity to view Shakespeare's "The Tempest" at the Casula Powerhouse Museum. This performance will enhance students understanding of the works of Shakespeare, which is a mandatory component of their English study. Furthermore, The Tempest features as a prescribed text for study for the Higher School Certificate.

When: Wednesday, 5 May 2021

Where: Casula Powerhouse Museum, Casula

Itinerary: Students are to attend Period 1 as per a normal school day. Students will then meet Ms Zahid and Ms Nicoll in the main quad to have their names marked off before travelling by bus to the venue. The bus will return students to school at lunch and they will attend Period 5 class as per normal.

Cost: The cost of the tickets has been subsidised by the school.

What to bring: Students should pack their bags for a normal school day for Period 1 and 5 including recess and lunch and a water bottle.

Supervising Teacher/s:

Emergency Care

First Aid Certificate

Teacher in Charge: Ms A Nicoll



Emergency Contact Number: 4627 1800

Ms A Nicoll
Relieving Head Teacher English
19 April 2021



Incursion Consent
Casula Powerhouse Museum – The Tempest

I give permission for my child _____ to attend the Casula Powerhouse Museum performance of “The Tempest” excursion on Wednesday, 5 May 2021. I understand that students will attend school as normal and will be taken from school, by bus, to and from the venue. My child must wear full school uniform; the cost of the incursion has been supplemented by the school and will be at no cost to the students.

MEDICAL INFORMATION:

Medical conditions _____

Allergies _____

Diet requirements _____

Medication _____

Other _____

Medicare Number (optional) _____

Parent/Emergency Contacts:

	Full Name	Contact Number	Relationship to Student
1.	_____	_____	_____
2.	_____	_____	_____

Parent Signature: _____ Date: _____