



## 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

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### Educational Excursion Information and Consent Science Enrichment Thomas Acres Public School

Dear Parent

Your child has been selected to participate in a Primary School visit to encourage and foster a Love for Science.

Your child's involvement requires them to attend Thomas Acres Public School.

**When:** Friday, 28 May 2021

**Time:** 11:30am – 1:50pm

They will be driven to Thomas Acres Public School, and return, in the private vehicle of either Miss Nunes, Mrs Bromley or Ms Arts

**Please note:** *Your child will be travelling in the private vehicle of a member of staff*

Students will be required to:

- Sign out and sign into school via the front office (leaving school at 11:30am and returning at approximately 2:00pm)
- Work with Miss Nunes to deliver a fun science activity to students in Years 1 and 2
- Role model appropriate uniform and TRREC values
- Speak to students and teachers in an appropriate and 'professional' manner
- Represent Ambarvale High School and it's community responsibly

***Please complete and sign the permission note attached and provide relevant medical information.***

Ms S Arts  
Deputy Principal  
21 May 2021



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**Excursion Consent  
Science Enrichment  
Thomas Acres Public School**

I give permission for my child \_\_\_\_\_ to attend Thomas Acres Public School from 11:30am - 1:50pm on Friday, 28 May 2021. I am aware that my child will be travelling in the private vehicle of Ms Arts, Miss Nunes or Mrs Bromley, to and from Thomas Acres Primary School.

**MEDICAL INFORMATION:**

Medical Conditions: \_\_\_\_\_

Allergies \_\_\_\_\_

Diet Requirements \_\_\_\_\_

Medication \_\_\_\_\_

Other \_\_\_\_\_

Medicare Number (optional) \_\_\_\_\_

**Parent/Emergency Contacts:**

	<b>Name</b>	<b>Contact Number</b>	<b>Relationship to Student</b>
1.	_____	_____	_____
2.	_____	_____	_____

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_