



# 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.

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## Incursion Information Ancient History Seminar and Workshop Year 12 Ancient History

Dear Parent

Your child will be participating in an Ancient History seminar and workshop to be held on Ambarvale High School grounds. This will be presented by academics and researchers from Macquarie University. The seminar and workshop are designed to reinforce and extend student knowledge of archaeological practice and Minoan Crete for the Ancient History curriculum already being delivered in class.

**When:** Friday, 28 May 2021.

**Where:** Ambarvale High School.

**Time:** Periods 3-4.

**Cost:** \$10.00 to be paid at the front office by Thursday, 19 May 2021. Payments can also be made online via our website ([www.ambarvale-h.school@det.nsw.edu.au](http://www.ambarvale-h.school@det.nsw.edu.au)).

**What to bring:** Writing material and History workbook. A pizza lunch is inclusive of the cost price and will be provided to students on the day.

**Dress Code:** Full school uniform to be worn.

**Supervising Teacher/s:**

**Emergency Care**

**First Aid Certificate**

Teacher in Charge: Mrs J Grasso

Other teachers attending: Mr D Aquilina

**Emergency Contact Number:** 4627 1800

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

Ms Jo Novak  
Head Teacher HSIE  
26 April 2021



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**Incursion Consent**  
**Year 12 Ancient History Seminar and Workshop**

I give permission for my child \_\_\_\_\_ to attend the Year 12 Ancient History Seminar and Workshop. I understand that students will only be attending the incursion during periods 3 and 4 and will be in their regular classes for the remainder of the day. My child must wear full school uniform. The cost of the incursion is \$10.00 and must be paid to the front office by Thursday, 19 May 2021.

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

Please sign and return to HSIE staffroom.