



Ambarvale High School

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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.

Incursion Information Ancient History Seminar and Workshop Year 11 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 ethics and preservation of cultural heritage for the Ancient History curriculum already being delivered in class.

When: Friday, 28 May 2021.

Where: Ambarvale High School.

Time: Periods 2 and 4.

Cost: \$10.00 to be paid at the front office by Wednesday, 19 May 2021. Payments can also be made online via our website (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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other teachers attending: Mr D Aquilina	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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



Incursion Consent
Year 11 Ancient History Seminar and Workshop

I give permission for my child _____ to attend the Year 11 Ancient History Seminar and Workshop. I understand that students will only be attending the incursion during periods 2 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 Wednesday, 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: _____