



# 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 Excursion Information and Consent**  
**University of Wollongong Discovery Day**  
**Monday, 14 February 2022**

Dear Parent

Your child has been invited to attend the University of Wollongong Discovery Day.

**When:** Monday, 14 February 2022

**Where:** Wollongong Campus, University of Wollongong

**Itinerary and transport:** Students meet at school at 8:00am to travel by coach to University of Wollongong

**Cost:** Nil

**What to bring:** Pen, paper, drink bottle for water, sunscreen and hat

**Lunch:** A free sausage sizzle lunch is provided. Students are encouraged to bring extra food for morning and afternoon tea

**Dress Code:** Full school uniform must be worn

**Departure from:** School at 8:00am

**Return to:** School at 4:00pm

Parents are responsible for their child's transport and safety prior to departure time at location and following return time at location.

**Supervising Teacher:**

**Emergency Care**

**First Aid Certificate**

**Teacher in Charge:** Kristine Abelitis



**Emergency Contact Number:** 4627 1800

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

*K Abelitis*

Mrs Kristine Abelitis  
Careers Adviser  
29 November 2021



---

**Educational Excursion Information and Consent**  
**University of Wollongong Discovery Day**  
**Monday, 14 February 2022**

I give permission for my child \_\_\_\_\_ to attend the University of Wollongong Discovery Day on Monday, 14 February 2022. I understand that students are required to meet the accompanying teacher at school at 8:00am and will return to school at approximately 4:00pm where they will be dismissed. My child must wear full school uniform, bring a pen, a water bottle and sunscreen.

Parents are responsible for their child's transport and safety prior to departure time at location and following return time at location.

**MEDICAL INFORMATION:**

Medical conditions \_\_\_\_\_

Allergies \_\_\_\_\_

Dietary requirements \_\_\_\_\_

Medication \_\_\_\_\_

Other \_\_\_\_\_

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

**Parent/Emergency Contacts:**

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

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