

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 Fast Forward Program, Western Sydney University, Campbelltown Campus

Dear Parent

The Fast Forward Program Year 9 University Day 'Rise to the Challenge' is for students to engage with the local university in gaining information and skills that prepare them for their senior years at High School and the possible pathways after the Higher School Certificate.

When: Friday, 1 November 2019

Where: Western Sydney University, Campbelltown Campus, Building 4.G.14

Itinerary and transport: Students will travel to and from Western Sydney University, Campbelltown via private bus.

- Meet Ms Sinclair in the Quad at 8:30am.
- Students will depart the university at 2pm to arrive back at Ambarvale High School at 2:15pm.
- Students will be dismissed at 2:15pm from Ambarvale High School or may wait at school until the school buses.

Cost: Nil

What to bring: Writing equipment and a notepad; lunch and water for the day or money to purchase lunch. Morning tea will be provided.

Dress Code: Full school uniform and enclosed leather shoes must be worn.

Starting time of event: 8:30am (Meeting Ms Sinclair in the quad).

Finishing time of event: Students will be dismissed from Ambarvale High School at 2:15pm.

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

Supervising Teacher/s:

Emergency Care

Teacher in Charge: Ms Sinclair

M

Emergency Contact Number: 4627 1800

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

Ounclair



Excursion Consent Fast Forward Program, Western Sydney University, Campbelltown Campus

I give permission for my child		to attend the Fast Forward
Excursion to the Western Sydney Unive		
understand that students will travel to	Western Sydney University	, Campbelltown Campus by bus
and depart Ambarvale High School at	8:30am; my child must we	ar full school uniform including
enclosed black leather shoes and there i		
dismissed from Ambarvale High School	at 2:15pm and must make	their own way home or wait for
the school buses.		
Parents are responsible for their child's	s transport and safety prior t	to departure time at location and
following dismissal time at location.		
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:	D	ate:

WESTERN SYDNEY UNIVERSITY



PARENTAL/CARER PHOTO CONSENT FAST FORWARD EVENT

Participant (student) Name:	
School:	
Date of Event:	
If you DO NOT AGREE to photos being taken of your child/family tick this box and ensure your child returns this form to their teacher.	
If you give permission for photos to be taken at the Fast Forward Event, please read and sign below.	
I agree to the following:	
 Any photos or video taken during Fast Forward activities to be used for the sole purpose of communicating effectively program outcomes and I do hereby give my permission for Western Sydney University to use such images in official university business, including but not limited to: university websites and Social Media Platforms (e.g. Facebook, Twitter, Yammer), university newsletters, newspapers and promotional material. It is agreed that the use of this photograph or video content shall in no way be used in any other forum other than for official University business. I understand that neither I nor the students will be paid for giving this permission and waive any claim that I or the student may have had for remuneration, residuals, royalties or any other payment in respect of the use of the images. I hereby waive the right that I may have to inspect or approve the finished product, the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied. I agree that this release is irrevocable, worldwide and perpetual, and will be governed by the laws of the State of New South Wales, Australia. 	
Parent / Carer signature:	
Name of parent / carer (please print):	