



# 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: Mr D Macpherson, Dip.Teach.  
Deputy Principal: Ms S Arts, M.Ed., B.Sci., Dip.Ed.

---

## Educational Excursion Information and Consent Year 7 4SEE – “Think Big, Act Local”

Dear Parent

As an important aspect of their diverse learning experiences in 4SEE, we are taking our Year 7 cohort out for a day of discovery around the Campbelltown area. Our students have recently chosen the topic for their next project: **“Think Big, Act Local”**. Students will experience hands-on learning at specific venues run by local experts.

**When:** Friday, 13 September 2019

**Where:** Pests/Wildlife - Simmos Beach at Macquarie Fields and Resource Recovery at Spring Farm  
Plants/Water - Resource Recovery at Spring Farm and Simmos Beach at Macquarie Fields  
Power/Waste - The Ambarvale High School Learning Centre

**Cost:** This excursion will be subsidised by the school and will be free.

**What to bring:** All students need to bring a backpack with pencil case, hat, drinks and food.

**Dress Code:** All students need to wear full sport’s uniform (no skirts), **fully enclosed leather shoes** and bring a hat as they will be outside for most of the day.

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

**Return to:** Ambarvale High School at approximately 2:30pm.

Supervising Teacher/s: Mr Yee	Emergency Care	First Aid Certificate
Teacher in Charge: Ms Nicoll	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Other Staff Attending:</b>		
Mr Devlin	<input type="checkbox"/>	<input type="checkbox"/>
Ms Ryan	<input type="checkbox"/>	<input type="checkbox"/>
Mrs Lalopoulos	<input type="checkbox"/>	<input type="checkbox"/>
Ms Wai	<input type="checkbox"/>	<input type="checkbox"/>

**Emergency Contact Number:** 4627 1800

*Please complete and sign the Permission note attached and provide relevant medical information. Notes are to be returned to Ms Nicoll by Wednesday, 11 September 2019.*

Mr Yee  
Head Teacher Teaching and Learning  
2 September 2019

Miss Nicoll  
Organising Teacher



---

**Excursion Consent**  
**Year 7 4SEE – “Think Big, Act Local”**

I give permission for my child \_\_\_\_\_ to attend the excursion to Simmos Beach and Spring Farm Resource Recovery Centre on Friday, 13 September 2019. I understand that students will need to arrive at school no later than 8:00am and will return to school by approximately 2:30pm. Students will travel by bus to and from the venues and are required to wear full school sports uniform (no skirts) and **fully enclosed leather shoes**. Failure to wear the appropriate footwear will mean students cannot attend the excursion. Students must bring their own recess and lunch as no canteen facilities are available.

Parents are responsible for their child’s transport and safety prior to departure time and location and following return 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:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please complete and sign the Permission note attached and provide relevant medical information. Notes are to be returned to Ms Nicoll by Wednesday, 11 September 2019.*