



## Ambarvale High School

Thomas Rose Drive Rosemeadow NSW 2560  
PO Box 90 Campbelltown NSW 2560  
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Principal: Ms L Barnott-Clement, M.A., M.Ed., B.A., Dip.Ed.  
Deputy Principal: Ms S Arts, B.A., Dip.Ed.  
Deputy Principal: Mr D Macpherson, Dip.Teach.

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### NAISDA In-School Dance Workshop

Dear Parent/Carer,

In association with the Campbelltown Arts Centre an in-school contemporary Indigenous Dance Workshop has been organised for ATSI students in years 7 to 12. Your child \_\_\_\_\_ has been chosen to participate in this workshop.

Where: Ambarvale High School  
Small Hall

When: Wednesday, May 29, 2019  
9 am – 1 pm

What to bring: Comfortable clothing or PE uniform for the workshop

The program includes dance-making and choreography where the workshop approaches break down principles of dance to show that anyone can dance. The workshops are designed to be relevant and appealing to young Aboriginal and Torres Strait Islander students demonstrating contemporary dance, popular hip hop and Indigenous movements and to inspire and motivate the students through fun, energetic classes for all beginners with an interest in learning new skills. Students will be facilitated by an early career contemporary Aboriginal and Torres Strait Islander dancer and educator from NAISDA Dance College.

Cost: Nil.

Dress Code: Full school uniform.

Supervising Teacher/s:

Emergency Care First Aid Certificate

Teacher in Charge: Mr A. Richards



Emergency Contact Number: 4627 1800

*Please complete and sign the permission note attached and provide relevant medical information to the Aboriginal Education Room in A Block by Wednesday, May 22nd 2019.*

Ms S Arts  
Deputy Principal  
May 15 2019

Mr A Richards  
Aboriginal Education Coordinator



**Incursion Consent**  
**NAISDA Dance Workshop**  
**Years 7-12**

I give permission for my child \_\_\_\_\_ of Year 7, 8, 9, 10, 11, 12  
(please circle) to attend the NAISDA workshop incursion at school on **Wednesday, May 29 2019**. I  
understand my child must wear full school uniform. There is no cost for the incursion.

**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 this permission note and provide relevant medical information to the Aboriginal Education Room by Wednesday, May 22 2019.*