

Cardiff High School

Celebrating Excellence, Opportunities and Success.

30 Boronia Street, Cardiff NSW 2285 Ph (02) 4954 9966 Email cardiff-h.school@det.nsw.edu.au Website www.cardiffhigh.com.au

Excursion Information for Students and Parents/Carers

Dear parent/caregiver,

Your child has been invited to attend the following excursion:

Student Group: IM Class

Venue: Various

Purpose of Excursion: To develop independent living skills by planning an excursion, developing public transposkills, pedestrian safety, increase social development and time management, independently purchasing lunch and topping up OPAL cards, socialising with other class members while participating in physical activities in

the local Newcastle area.

Date(s): 19/04, 03/05, 17/05, 31/05

Departure Time: 9:30 am **Departing from:** Cardiff High School **Returning Time:** 2:00 pm **Returning to:** Cardiff High School

Transport: Public transport - bus, train, light rail, walk

Attire to be worn: School Uniform

Cost: Opal card

Payment Instructions:To organising teacher Payment Due by:Monday 19 April 2021

Additional Information:

The Community Access dates will be as follows:

Term 2: - 19/04 - Caves Beach 03/05 - Bar Beach

17/05 - Warners Bay

31/-5 - Westfield Kotara

** If wet weather occurs, we will go to either Charlestown Square or Westfield Kotara** Students to bring OPAL card, packed lunch or money to purchase lunch.

Organising teacher: Mrs E Kenneally

Additional Staff: Toni Hancock Jo Wilson

Emergency Contact: 49549966

It is expected that all students adhere to our code of behaviour at school and on excursions. Further information on the code of behaviour is available at www.cardiffhigh.com.au, Payments and Excursions.

Please sign the attached permission and medical information form and return it with full payment

to Organising teacher by Monday 19 April 2021

Mrs E Kenneally

Organising Teacher

Daina Hissey

Head Teacher

Josh Gane

Principal



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Excursion Permission and Medical Form

I hereby consent to my child (Full Name)	of (Roll)
to participate in an excursion for IM Class	
	on <u>19/04, 03/05, 17/05, 31/05</u>
organised by Mrs E Kenneally	
I understand transport is via Public transport - b	ous, train, light rail, walk,
the cost of the excursion is Opal card	
payment is due by Monday 19 April 2021	and students should wear <u>School Uniform</u> .
My child's mobile phone number is	·
I am paying: Online via www.cardiffhigh.com.au. Receipt At the school office At the venue N/A	t number Date paid
I give permission for my child to receive medical	treatment in the case of an emergency.
Emergency Contact details:	
First Contact	Alternate Contact
Name:	
Phone:	Phone:
Name:	Phone:
Existing medical condition(s) or illnesses (please ti	ick)
Medication(s) to be administered and / or treatmed administration, time(s), any possible reactions and / or o	ent(s) for condition(s). Name of medication(s), instructions for outline treatments for condition(s).
Special needs or dietary requirements. Include pos	ssible reaction to inappropriate diet.
The information you provide is being obtained for the purpose Privacy Policy see www.cardiffhigh.com.au Payments and Excu	of ascertaining relevant medical information. For further information on the ursions.
Parent/Carer (print name):	Date:
Parent/Carer (signature):	