

# 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](mailto:cardiff-h.school@det.nsw.edu.au)

Website [www.cardiffhigh.com.au](http://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:** MC2 students

**Venue:** Charlestown Square and Westfield Kotara

**Purpose of Excursion:** To develop independent living skills by planning an excursion, purchasing 2-3 non perishable shopping items, independently purchasing a snack or meal and traveling on public transport.

**Date(s):** Each Monday Week A 2021

**Departure Time:** 10:00 am **Departing from:** Cardiff High School

**Returning Time:** 2:00 pm **Returning to:** Cardiff High School

**Transport:** Public Bus

**Attire to be worn:** School Uniform

**Cost:** OPAL card and shopping money

**Payment Instructions:** At the venue

**Payment Due by:**

### Additional Information:

Monday Week A Community Access Dates for 2021:

Term 2: 3/5, 17/5, 31/5, 14/6 Term 3: 12/7, 26/7, 9/8, 23/8, 6/9

Term 4: 4/10, 18/10, 1/11, 15/11, 29/11, 13/12

**Organising teacher:** Shae Petersen

**Additional Staff:** Elise Court

**Emergency Contact:** 49549966

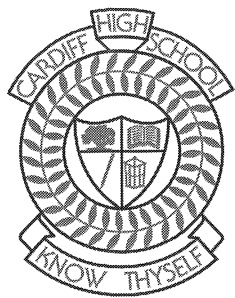
It is expected that all students adhere to our code of behaviour at school and on excursions. Further information on the code of behaviour is available at [www.cardiffhigh.com.au](http://www.cardiffhigh.com.au), Payments and Excursions.

Please sign the attached permission and medical information form and return it with full payment to Organising teacher ☒ by Thursday 29 April 2021.

Shae Petersen  
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 MC2 students  
to Charlestown Square and Westfield Kotara on Each Monday Week A 2021  
organised by Shae Petersen.

I understand transport is via Public Bus  
the cost of the excursion is OPAL card and shopping money  
payment is due by \_\_\_\_\_ and students should wear School Uniform.

My child's mobile phone number is \_\_\_\_\_.

I am paying:

\_\_\_ Online via [www.cardiffhigh.com.au](http://www.cardiffhigh.com.au). Receipt number \_\_\_\_\_ Date paid \_\_\_\_\_.  
\_\_\_ At the school office.  
\_\_\_ At the venue.  
\_\_\_ N/A

I give permission for my child to receive medical treatment in the case of an emergency.

### Emergency Contact details:

#### First Contact

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Alternate Contact

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Doctor

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Existing medical condition(s) or illnesses (please tick)

\_\_\_ asthma \_\_\_ diabetes \_\_\_ epilepsy \_\_\_ other(s) \_\_\_\_\_

\_\_\_ allergies to \_\_\_\_\_

**Medication(s) to be administered and / or treatment(s) for condition(s).** Name of medication(s), instructions for administration, time(s), any possible reactions and / or outline treatments for condition(s).

**Special needs or dietary requirements. Include possible reaction to inappropriate diet.**

The information you provide is being obtained for the purpose of ascertaining relevant medical information. For further information on the Privacy Policy see [www.cardiffhigh.com.au](http://www.cardiffhigh.com.au) **Payments and Excursions**.

Parent/Carer (print name): \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Carer (signature): \_\_\_\_\_