

## 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:** SOAR Faculty

Venue: Newcastle Basketball Stadium

Purpose of Excursion: Inclusive School Sport Multi-Sport Event

Multi-Sport days provide students with an opportunity to experience a variety of sports. State and national sporting associations support this event, delivering fun, inclusive and engaging activities to build students' confidence and capacity in sport. Students will be taken through a variety of skills, drills and modified games.

Date(s): Tuesday 06 December 2022

Departure Time: 9:00 am

**Departing from:** School

Returning Time: 1:45 pm

Keturning Time: 1.45 pm

Returning to: School

**Transport:** Private Bus

Attire to be worn: Sports Uniform

Cost: N/A

**Payment Instructions:** N/A **Payment Due by:** N/A

#### **Additional Information:**

- Students should arrive at CHS by 8:50am.
- Students will need to bring food for recess and lunch as there is no canteen operating.
- No cost.
- CHS sports uniform is expected.

Organising teacher: Elisha McDermott

Additional Staff: Liam Janczuk

m Janczuk Kylie Eves

Sherrin Dunlevie

Lisa Milson-Blacken Scheers

**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 <a href="https://www.cardiffhigh.com.au">www.cardiffhigh.com.au</a>, Payments and Excursions.

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

to Roll call teacher

by Tuesday 29 November 2022

Elisha McDermott

**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 SOAR Faculty	
to Newcastle Basketball Stadium	
organised by Elisha McDermott .	
I understand transport is via Private Bus	,
the cost of the excursion is N/A	
payment is due by N/A	
My child's mobile phone number is	·
I am paying:	
Online via <u>www.cardiffhigh.com.au</u> . Receipt num	nber Date paid .
At the school office.	
At the venue.	
N/A	
I give permission for my child to receive medical trea	tment in the case of an emergency.
Emergency Contact details:	
First Contact	Alternate Contact
Name:	Name:
Phone:	Phone:
Doctor	
Name:	Phone:
Existing medical condition(s) or illnesses (please tick) asthma diabetesepilepsy other(s) allergies to	
Medication(s) to be administered and / or treatment(s)	
administration, time(s), any possible reactions and / or outline	
   Special needs or dietary requirements. Include possible	reaction to inappropriate diet.
3	
The information you provide is being obtained for the purpose of asce	
Privacy Policy see www.cardiffhigh.com.au Payments and Excursions	
Parent/Carer (print name):	Date:
Parent/Carer (signature):	