

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: Year 10 Students

Venue: St Nicholas Early Education, 24 Hunter St, Maitland

Purpose of Excursion: Industry Immersion into the Early Education and Childcare industry

Excursion is a 4 day immersion at St Nicholas Early Education Center, this will be followed up with work experience opportunities and the possibility of a school based traineeship with St Nicholas Early Education.

There is a bus organized and a DEC Teacher present each day. **Date(s):** Wednesday 3rd August, 10th, 17th and 24th August 2022

Departure Time: 9:00 am **Departing from:** Warners Bay Esplanade Car Park **Returning Time:** 3:05 pm **Returning to:** Warners Bay Esplanade Car Park

Transport: Bus organized

Attire to be worn: School Uniform

Cost: N/A

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

Additional Information:

Students required to be able to get transport to and from Warners Bay Esplanade Carpark. Pick up and drop

off times are listed. Pick up: 9:00 am Drop off: 3:05 pm

Organising teacher: Daniel Clape

Additional Staff:

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 School Office

by Thursday 23 June 2022

Daniel Clape
Organising Teacher

Andrew Snowden
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 Year 10 Students	
to St Nicholas Early Education, 24 Hunter St, Maitland	on Wednesday 3rd August, 10th, 17th and
organised by <u>Daniel Clape</u> .	
I understand transport is via Bus organized	·
the cost of the excursion is N/A	
payment is due by <u>N/A</u> a	
My child's mobile phone number is	·
I am paying:	
Online via www.cardiffhigh.com.au. Receipt numb	er Date paid
At the school office.	
At the venue.	
N/A	
I give permission for my child to receive medical treatn	nent in the case of an emergency.
Emergency Contact details:	in the state of th
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) 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 ascerton Privacy Policy see www.cardiffhigh.com.au Payments and Excursions .	aining relevant medical information. For further information on the
Parent/Carer (print name):	Date:
Parent/Carer (signature):	