

# 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:** 9-11

**Venue:** Microsoft Virtual Work Experience - Cardiff High School

**Purpose of Excursion:** Participate in work experience program developed by Microsoft focusing on coding and information sessions from Microsoft on employment and career opportunities in technology. The program will run in the school library.

**Date(s):** 7th to 11th November

**Departure Time:** 8:30 am      **Departing from:** Home

**Returning Time:** 3:00 pm      **Returning to:** Home

**Transport:** N/A

**Attire to be worn:** School Uniform

**Cost:**

**Payment Instructions:**

**Payment Due by:**

**Additional Information:**

Students completing this virtual work experience will take part in a self-paced coding program, with afternoon presentations from Microsoft on careers available in technology

**Organising teacher:** Daniel Clape

**Additional Staff:**

**Emergency Contact:** 49549966

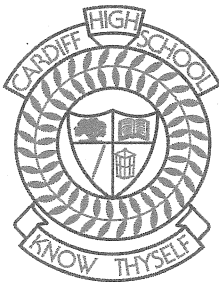
It is expected that all students adhere to our code of behaviour at school and on excursions. Further information on the code of behaviour is available at [www.cardiffhigh.com.au](http://www.cardiffhigh.com.au), Payments and Excursions.

Please sign the attached permission and medical information form and return it with full payment to School Office by Friday 23 September 2022.

Daniel Clape  
Organising Teacher

Andrew Snowden  
Head Teacher

Joshua 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 9-11  
to Microsoft Virtual Work Experience - Cardiff High School on 7th to 11th November  
organised by Daniel Clape.  
I understand transport is via N/A,  
the cost of the excursion is \_\_\_\_\_,  
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): \_\_\_\_\_