

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

Venue: Stockton + Nobbys Beach

Purpose of Excursion: Mandatory Fieldwork for Coastal Erosion Case Study

Date(s): Tuesday 17 May 2022

Departure Time: 9:00 am

Departing from: Cardiff High School

Returning Time: 3:00 pm

Returning to: Cardiff High School

Transport: Bus

Attire to be worn: School Uniform

Cost: \$10

Payment Instructions: Either online at www.cardiffhigh.com.au or the school office

Payment Due by: Thursday 12 May 2022

Additional Information:

Bring - hat, good walking shoes, sunglasses, sun protection, wet weather gear, snack, water, lunch or lunch money, pen and or pencil.

Transport to Stockton to look at Coastal Erosion, lunch at Marketown Newcastle West or McDonald's King Street, transport to Nobby's breakwall and return to school

Organising teacher: Mr Snowden

Additional Staff: Mr Sowden

Mr Walker

Ms Howard

Ms Ridgeway Ms Allan

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 12 May 2022

Mr Snowden

Organising Teacher

Mr Snowden

Head Teacher

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	
to Stockton + Nobbys Beach	
organised by Mr Snowden	
I understand transport is via Bus	
the cost of the excursion is \$10	
payment is due by Thursday 12 May 2022	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 numb At the school office. At the venue. N/A	
I give permission for my child to receive medical treati	ment 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) 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 Payments and Excursions .	
Parent/Carer (signature):	Date: