

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.cardiffhiah.com.au

Excursion Information for Students and Parents/Carers

Dear parent/caregiver,

Your child has been invited to attend the following excursion:

Student Group: Yr 12 Chemistry

Venue: Cardiff High School Confrence Room

Purpose of Excursion: HSC Study Day: To engage with professionals in their respective fields speaking about moving up a mark range, exam tips and the modules of the HSC. Designed to engage with students and assist with student preparation for the upcoming HSC examination. Provides opportunities for students to ask questions to improve their understanding of the HSC course.

Date(s):

28 June 2022

Departure Time: 8:50 am

Departing from: N/A

Returning Time: 3:00 pm

Returning to: N/A

Transport: N/A

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Attire to be worn: School Uniform

Cost: N/A

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

Additional Information:

Held on site at Cardiff High School in the conference room located in the Admin Building. Conducted via adobe connect and supervised by Cardiff High Staff. The day will be broken into 5 sessions with two breaks. Students will be withdrawn from classes for the day and expected to catch up on work missed and if assessment task falls on the day to follow CHS policy and procedures to arrange alternate time or attend class to complete assessment task then return on completion of task.

Organising teacher: Haley Deacon

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 pe	ermissio	n and medical information form and return it with full payment
to Organising teacher	by	21 June 2022 .

Haley Deacon

Organising Teacher

Head Teacher

Stuart James

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 Yr 12 Chemistry	
to Cardiff High School Confrence Room	
organised by <u>Haley Deacon</u> .	···
I understand transport is via <u>N/A</u>	,
the cost of the excursion is <u>N/A</u>	
payment is due by N/A ar	nd students should wear <u>School Uniform</u> .
My child's mobile phone number is	.
lam paying:	
Online via <u>www.cardiffhigh.com.au</u> . Receipt numbe	er Date paid .
At the school office.	I
At the venue.	
N/A	
I give permission for my child to receive medical treatm	ent 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 administration, time(s), any possible reactions and / or outline treatment(s).	
Special needs or dietary requirements. Include possible re	eaction to inappropriate diet.
The information you provide is being obtained for the purpose of ascerta Privacy Policy see www.cardiffhigh.com.au Payments and Excursions.	ining relevant medical information. For further information on the
Parent/Carer (print name):	Date:
Parent/Carer (signature):	