

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: Yr 12 Biology **Venue:** Cardiff High School Library

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): Thursday 30 June 2022

Departure Time: 8:50 am

Departing from: N/A

Returning Time: 3:00 pm

Returning to: N/A

Transport: N/A

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 library. 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 Students will be withdrawn from classes for the day and expected to catch up on work missed and if assessment task falls on the day to follow CHS policy and procedures to arrange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: Claire Lersch

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 Organising teacher by Thursday 23 June 2022 .

Claire Lersch
Organising Teacher

Stuart James 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 Yr 12 Biology	
to Cardiff High School Library	
organised by <u>Claire Lersch</u> .	
I understand transport is via N/A	
the cost of the excursion is N/A	
payment is due by <u>N/A</u>	and students should wear <u>School Uniform</u> .
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	e reaction to inappropriate diet.
The information you provide is being obtained for the purpose of asca Privacy Policy see www.cardiffhigh.com.au Payments and Excursion .	ertaining relevant medical information. For further information on the s.
Parent/Carer (print name):	Date:
Parent/Carer (signature):	