

# CAMBRIDGE PARK PUBLIC SCHOOL

35 Oxford Street, Cambridge Park 2747  
P.O Box 8021, Werrington, L.P.O  
Dunheved Road, Werrington County, 2747  
Phone: (02) 4721 2556  
Fax: (02) 4721 7567

## Life Education Incursion

Dear Parent or Caregiver,

Students in K- 6 are invited to participate in the Life Education Centre program to be held at school. Life Education New South Wales is a community-based, independent organisation delivering a program which is driven by their popular mascot Healthy Harold, empowering young people to make informed decisions about their health and safety. The incursion will be held from Monday 16/3/2020 – Tuesday 2/4/2020 over 14 days. Students will attend the Life Education Centre program in class groups as they can only cater for a maximum of 30 students at any one time and will attend on one of the above dates. A timetable will be available closer to the dates.

There will be free parent sessions available on Friday 20<sup>th</sup> March from 2pm – 3pm and Monday 23<sup>th</sup> March from 2pm – 3pm with places limited to 20 in each session. Toddlers may attend with parents. Could you please indicate on the attached permission note if you wish to attend.

This excursion has been planned to supplement the following work being done in the classroom: Personal Development, Health, Physical Education.

The cost of the excursion is \$10.00. Payments are due by Monday 9<sup>th</sup> March 2020.

Participating students will be supervised by their class teachers.

Refunds for this excursion will only be given in line with the school's refund policy.

This incursion has the approval of the Principal.

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Mr N Bourke  
Acting Principal

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Mrs A Junge  
Excursion coordinator

### Privacy - advice

The information provided on is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about your child who is currently enrolled at the school and who may participate in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with Cambridge Park Public School.

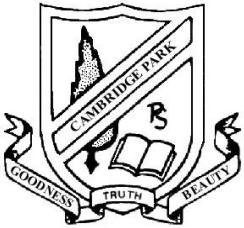
It will be used by the NSW Department of Education to assist planning, to support students, and to minimise risks when conducting school excursions, sporting or other school activities. Other persons or agencies that may be provided with this information include, but are not limited to, volunteers and members of external organisations who join with the school or are otherwise involved in the planning or delivery of the excursion, sporting or other school activity; and persons that may be called upon to provide health care treatment or other assistance during or as a consequence of such excursions or activities.

A failure to provide the information may mean that your child can not participate in a particular excursion or school activity. In such circumstances the school will make available a sound alternative educational experience.

Provision of this information will significantly assist the school in planning a safer educational activity. It will be stored securely. If you have any concerns about provision of this information, please contact the school principal to discuss further.

You may correct any personal information provided at any time by contacting the school office.

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Please detach and return to the office with payment by Monday 9<sup>th</sup> March 2020

I consent to ..... of class .....  
participating in the Life Education Centre incursion at school, on one of the following dates in March or  
April 2020. Monday 16<sup>th</sup>, Tuesday 17<sup>th</sup>, Wednesday 18<sup>th</sup>, Thursday 19<sup>th</sup>, Friday 20<sup>th</sup>, Monday 23<sup>rd</sup>,  
Tuesday 24<sup>th</sup>, Wednesday 25<sup>th</sup>, Thursday 26<sup>th</sup>, Friday 27<sup>th</sup>, Monday 30<sup>th</sup> and Tuesday 31<sup>st</sup> March 2020.  
Wednesday 1<sup>st</sup>, Thursday 2<sup>nd</sup> April.

My son / daughter has the following special needs (please provide full details and include any relevant  
medical details)

.....

I enclose payment of \$10.00.

I understand that my child will receive medical treatment in the case of an emergency

I ..... would like to attend the parent session on

Friday 20<sup>th</sup> March 2020

or

Monday 23<sup>rd</sup> March 2019.

I will be bringing ..... non school aged children with me.

My contact number is.....

Signature \_\_\_\_\_  
Parent / Caregiver

Date \_\_\_\_\_