



Marsden High School

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YEAR 8 WELLBEING EXCURSION – JAMBEROO

Dear Parents and Carers,

Year 8 Wellbeing students will be attending an excursion on Friday 4 December 2020 to Jamberoo Action Park, 1215 Jamberoo Road, Jamberoo NSW 2533. The purpose of the excursion is foster positive relationships amongst peers and between students and teachers.

DATE: Friday 4 December 2020

VENUE: Jamberoo Action Park, 1215 Jamberoo Road, Jamberoo NSW 2533

TRAVEL DETAILS: Departing from Marsden High School at 6:00am.
Returning to Marsden High School at approximately 5:15pm.
Travel will be by private coach.

DRESS: Students are to wear their full sports uniform.

WHAT TO BRING: Appropriate swimming attire, towel, sunscreen, hat, water bottle, snacks, money, spare clothes, and medications

COST: \$77.00 cash (price includes coach, entry into park, additional lifeguards and lunch)

Accompanying Staff are: Sarah Van Der Kley (Year Adviser) and staff from a range of faculties. All staff are CPR trained.

Please sign the permission slip below and return to the front office with payment by Friday 20 November 2020.

Note: All students will complete a swim test in accordance with DET guidelines to determine if the student is a proficient or non-proficient swimmer. Students will be required to swim 25 metres in a recognisable stroke or their choice. Any student who is non-proficient will be supervised by teachers throughout the day.

Note: There is a COVID safe plan for this excursion including the sanitising of hands before and after each ride.

Sarah Van Der Kley
Year Adviser

Sarah Maguire
Wellbeing Coordinator

JAMBEROO PERMISSION NOTE

I give permission for _____ of Roll Call Class _____ to attend the Jamberoo excursion on Friday 4 December 2020. I understand that the excursion costs \$77.00.

I have: ☐ enclosed \$77.00 cash (price includes coach, entry into park, additional lifeguards and lunch)
☐ Paid online, receipt no.: _____

My child has the following special needs, dietary or medical condition (please provide full details and any medication requirements)

Parent/Carer Signature _____ Date _____

Emergency Contact and telephone number on day of excursion