

Corrimal High School

Respect Responsibility Safety



Dear Parents/Carers

SOCIAL CHANGE THROUGH STEM – WEDNESDAY 20 - FRIDAY 22 MARCH 2019

Corrimal High School is dedicated to creating an engaging learning environment where students are encouraged to be creative and innovative in a range of areas. As such, we have developed a strong Science, Technology, Engineering and Mathematics program and actively involve students in STEM opportunities. As part of this, Corrimal High School students have been invited to participate in the Young Change Agents in their upcoming Social Change through STEM drive. Your child has been nominated to represent the school at this event and will be involved in planning and pitching a social change idea utilising STEM principles. The winners will get a chance to attend the upcoming Youth Incubator held in Sydney this year.

| DETAILS OF EXCURSION | | | |
|-----------------------------|--|--------|----------------------|
| Venue | Corrimal High School, Room 12 | | |
| Day/Date | Wednesday 20 March –Friday 22 March 2019 | | |
| Times | Start | 8:30am | Finish 2:50pm |
| What to Wear | CHS Uniform | | |
| Transport | NIL | | |
| Supervising Teachers | Mr J Foster | | |
| Activities | Planning and pitching a social change idea utilizing STEM principles | | |
| Cost | NIL | | |

If you would like any additional information please contact the organising teacher at the school on 4285 1199

If you would like your student to attend,
please complete the attached Consent Form and return by

Friday 15 March 2019

Regards

Mr Joel Foster
Organising Teacher

Mr Paul Roger
Principal

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I give permission for my son/daughter _____ of Year _____ to attend the Excursion as outlined on the previous page:

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Mr J Foster

I have read the information issued and I hereby consent to my child participating in this excursion.

Publishing student information: The Department of Education may publish or disclose information about your child for the purposes of sharing his/her experiences with other students, informing the school and broader community. This information may include your child's name, age, information collected during this event such as photographs, sound and visual recordings of your child.

The communication in which your child's information may be published or disclosed include but are not limited to:

- Department of Education publications including the school newsletter, annual school magazine and school report, promotional material published in print and electronically including on the Department's websites.
- Local and metropolitan newspapers and magazines and other media outlets.

Permission to publish: I have read the information about disclosing and publishing student information (above) and

I give permission

I do not give permission

for the Department to publish and disclose information about my child in publicly accessible communications. This permission remains effective until I advise otherwise.

Parent/Carer Name _____

Signature _____

Date _____

Mobile No _____

Please complete the following to assist us to support your child on the excursion. It is important that you provide any information that may be important for us to know given the activities the students will undertake.

Student Mobile Number: _____

Medical Information: List existing medical conditions or illnesses (including asthma, diabetes, epilepsy, allergies etc)

My child has no medical condition of which the school needs to be aware.

Outline (or attach) the **suggested treatment** for each.

Medication(s) to be administered during the excursion. Include name of medication, instructions for administration, time of administration, and any possible reactions.

Emergency Contact Person _____

Emergency Contact Number _____

Medicare Number _____

Swimming Ability

Not applicable

Strong Average Poor Non-swimmer

Special Dietary Requirements

Not applicable

Possible reaction to inappropriate diet

Suggested treatment
