



YOUNG HIGH SCHOOL

Campbell Street (Locked Bag 8008) Young NSW 2594 Phone: 02 6382 1166 ABN: 18 246 198 266

EXCURSION: UOW Discovery Days

DATE: 14th & 15th February 2024

COST: \$80 + spending money

ORGANISER: Mr Colin MacIver

GROUP/CLASS ATTENDING: Year 12

VENUE: Wollongong University

DEPART TIME: 9.00am – Wednesday 14th February 2024 RETURN TIME: 9.00pm – Thursday 15th February 2024 NOTES AND MONEY RETURNED BY: 8th December 2023

FACULTY: Careers

No OF STUDENTS: 40

Educational Value of Excursion:

The University of Wollongong has subsided this opportunity for students to experience their campus to help them decide if they want to study at UOW. Students will experience on-campus accommodation and attend pre-selected courses at the University on Thursday. Accommodation, transport and some meals are included in the costs. We will have an evening activity and will be stopping for lunch breaks at Service Centres in Goulburn during the journey.

Transport: Students will travel by bus.

Uniform: Neat, smart-casual clothing.

Other information: Overnight Excursion – please see the attached detailed list of clothing, food and equipment requirements.

SUPERVISING STAFF: Mr Colin MacIver, Mrs Elizabeth Myburgh, Miss Alexcen Berry.

CONTACT PHONE NUMBER: 63821166 (school).

ORGANISING TEACHER:

Students who miss a paid excursion will NOT be refunded any moneys paid without the approval of the Principal.

Please keep this page for your own reference.

Please return the next page with payment to front office by Friday 8th December 2023.

REACH FOR THE STARS

Growth Resilience Empathy Acceptance Teamwork

PARENTAL/GUARDIAN GENERAL CONSENT FORM EXCURSION TO: I hereby give my consent for: _______ of year ______ to participate in the Excursion to: UOW Discovery Days in Wollongong on Wednesday 14th and Thursday 15th February 2024. I give permission for my child to receive medical treatment in case of emergency. Medicare Number: ______ My child has the following special needs: _______ (Please attach further details) EMERGENCY CONTACT PHONE No. (work) ________ (home/mobile) _______ PARENT/GUARDIAN SIGNATURE: ________ Date: ______ • An additional consent is required for excursions involving water activities, overnight stays, and travel by air or private car. • Payment may be made at the front office between 8:30 and 8:50am, at Recess or Lunch or vis the school website. • For all excursions the signed consent form and the required payment (deposit or full cost) must be taken to the Front Office.

PAYMENT INFORMATION

I enclose cash / cheque in the amount of \$80

I have made an online payment as detailed below.

Please access payment from my child's scholarship funds.

• Students who miss a paid excursion will NOT be refunded any moneys paid without the approval of the Principal.

DESCRIPTION REFERENCE	n making online payr	ment)	
Online Receipt Number: Amount: \$	Date Paid:		
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REACH FOR THE STARS