



Director General Awards
Teaching and Learning
2000, 2003, 2005 & 2006

FINLEY HIGH SCHOOL

Teaching, learning and achieving in a safe and caring community

Acting Principal: Mrs H McRae BA.Dip.Ed
Acting Deputy Principal: Mrs P Jackson B.Com.Grad.Dip.Ed

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Dear Parents/Caregivers

As has happened in previous years, Year 7 students are fortunate to participate in a 3-day/2-night camp early in 2015. With only two weeks between the start of school next year and the departure date for camp, it is important for Finley High to receive permission notes and medical information as soon as possible. Listed below are extended details regarding the camp, and a permission note containing dietary and medical information which must be signed by a parent/guardian. **Students who wish to attend the camp are need to return their signed permission notes and a deposit payment by the 7th of November.**

Excursion at Howman's Gap Alpine Centre:

- Address:** Bogong High Plains Rd, Falls Creek, Victoria 3699
Ph: (03) 57583228
- Departure Date:** Buses will be leaving Finley High at 7.00am on Monday 9th February 2015
- Expected Return:** We plan to return to school at approx. 5.00pm on Wednesday 11th February, 2015. However if any change occurs this will be advised on the Finley High School Facebook page.
- Cost:** \$220 includes transport, accommodation, activities and all meals while at camp (including 2 breakfasts, 2 lunches and 2 dinners).
- Transport:** We are travelling by bus with Baldwins of Tocumwal. While leaving from Finley, we will also stop at the Berrigan Shire offices to pick up and drop off students. Please advise us on the permission note if you have a student that needs to catch the bus at Berrigan.
- Accommodation:** Students sleep in rooms with bunks for 2 to 6 people (students provide their own sleeping bags), with each floor containing a shared bathroom. Naturally the boys and girls are separated. The groups and room allocation will occur next year when numbers are finalised.
- Meals:** The cooks at camp are experienced in preparing meals for students with all types of specific dietary requirements. Detail any such needs clearly in the Dietary section on the next page.
- Medical Needs:** When on excursion, all student medication must be kept and administered by FHS staff. A note will be sent home to parents early next year requesting information on any necessary medication for your child.
- Activities:** Team building, trust, cooperation and confidence are the main objectives in the activities conducted at camp. Specifically there will be rope courses, orienteering, climbing, canoeing and challenge trails to mention a few. FHS staff members are present at each activity and sometimes show the kids how it's done!!!

Please complete and return the permission note by Friday 7th of November with a non-refundable deposit payment of \$50 for the excursion. Payments can be made online through the schools website, <http://www.finley-h.schools.nsw.edu.au>, by post (cheque or money order), or in person at the school through the front office.

We ask that progress payments be made towards the excursion and give the following dates be used in making payments towards the excursion:

7th November 2014 - \$50 non-refundable deposit

21st November 2014 - \$50 part-payment

7th December 2014 - \$50 part-payment

19th December 2014 - \$20 part-payment

30th January 2015 - \$ 50 final payment

Please feel free to contact me at school, at any time, if you have any questions in regards to the camp or any other concerns about your child moving into Finley High School.

Yours sincerely,

Tessa McNamara
Year 7 Advisor, 2015

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Please detach and return to Finley High School

Permission to attend Excursion to Howman's Gap Alpine Centre, Feb 9-11, 2015

I, _____, give permission for _____ to attend the Year 7
Parent/Guardian *Student Name*

Excursion to Howman's Gap on February 9-11, 2015

My child will catch the bus at Berrigan Shire offices. YES/NO (Please circle one)

My child's swimming ability is: STRONG AVERAGE POOR

My child has specific dietary requirements. YES/NO (Please circle one)

If YES, provide ALL necessary information below.

My child has specific medical requirements. YES/NO (Please circle one)

If YES, provide ALL necessary information below, including the name of the medication and the dosage required. Students should carry their own asthma puffers; all other medication will be handled by teachers.

Signed _____
Parent/Guardian Signature