



## North Bundaberg State High School

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 Bundaberg North State High School

31<sup>st</sup> July, 2018

Dear Parents/Guardians,

CQUniversity is inviting all Year 10 students from Bundaberg North State High School to participate in a Campus Connect program. Through fun and interactive sessions, this program is designed to explain the benefits of obtaining a further qualification and to provide students with an insight into university and TAFE life. The students will be able to explore what an undergraduate degree or TAFE certificate is all about, view the study programs offered at universities and discover the career opportunities that are available with further education. Students will be involved in sessions to raise awareness about their career options and to enhance their study skills. There will be plenty of time for students to ask questions and to broaden their knowledge about post-school options. Information obtained in the program will assist Year 10 students in making decisions about their senior school years and future educational opportunities.

The day program will be held on **Tuesday the 21<sup>st</sup> of August** during school hours. **All Year 10 students will be expected to attend as there will be no organised classes for Year 10 on the day.** This is a **free program** and will be held at the CQUniversity Bundaberg campus.

Transport to and from the campus will be arranged and paid for by the University. Students are to meet teachers at the road side of the Hall after the first bell at 8.40 a.m. Students will be accompanied by teachers and will be returned to school in time to catch usual transport home. Students are to bring their own lunch, snacks and a water bottle. The refectory will be open at the University should students wish to make a purchase. Students are also asked to bring a pen. **School uniform must be worn.**

To give permission for your child to participate in this excursion, please complete the attached attendance forms and **return these to the school office by the 14<sup>th</sup> of August.** If you have any questions, please contact Miss Coulton at the school.

Thank you for your continued support.

Miss Coulton  
Guidance Officer

Mrs Thrupp  
Year 10 Year Level Coordinator

Mr Gill  
Acting Principal





**BUNDABERG NORTH STATE HIGH SCHOOL**

**CONSENT FORM: EDUCATIONAL EXCURSION**

**CQUniversity Experience Days**

**Friday the 21<sup>st</sup> of August, 2018  
8.50 am- 3.00 pm**

As a parent/guardian of \_\_\_\_\_, I give my consent for him/her to participate in the CQUniversity Experience excursion, and agree to delegate my authority to the teacher(s) involved.

- *Such teacher(s) may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group, or individually, during the excursion.*
- *I also authorise the teacher(s) to obtain medical assistance when they deem necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of the above student.*
- *I further authorise qualified practitioners to administer medical assistance (which could include anaesthetic) should such an eventuality arise.*

I submit the following medical information about the above student and include details of limitations that he/she has for the activity concerned.

Signed: \_\_\_\_\_

MEDICAL INFORMATION FOR: \_\_\_\_\_ (Please state full name)

Date of Birth: \_\_\_\_\_

Is there any medical or psychological reason to prevent the above student from participating in any of the activities outlined in the information sheet? YES / NO (please circle)

If YES, please give details:

\_\_\_\_\_

Medical Condition	Please circle the appropriate response	Details (if applicable)
(a) Heart Problems	YES/NO	
(b) Respiratory Problems	YES/NO	
(c) Allergies	YES/NO	
(d) Travel Sickness	YES/NO	
(e) Blood Pressure	YES/NO	
(f) Operations	YES/NO	
(g) Epilepsy	YES/NO	
(h) Recent Illness	YES/NO	
(i) Injections and when (e.g. Tetanus)	YES/NO	
(j) Drugs Required	YES/NO	
(k) Drug Reactions (e.g. Penicillin Allergy)	YES/NO	
(l) Other	YES/NO	

**Emergency Contacts:** Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_