



MAJURA PRIMARY SCHOOL

Knox Street, Watson ACT 2602

Phone (02) 6142 3140
admin@majuraps.act.edu.au www.majuraps.act.edu.au



PARENT CONSENT FORM

VENUE AND PURPOSE

Recycling Discovery Hub & Resource Management Centre in Hume

The Yr. 4 Inquiry science unit is investigating materials, their properties and purposes, and how materials can be reused and recycled. To support this inquiry our Yr. 4 students will be visiting the Recycling Discovery Hub to discover how resources from Canberra homes are sorted for recycling and reusing. The student will also tour the Canberra Resource Management Centre by bus to see how waste material is recycled.

DATE OF DEPARTURE Wednesday 21 st November 2018	TIME OF DEPARTURE 9.30am
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DATE OF RETURN Wednesday 21 st November 2018	TIME OF RETURN 12.00pm
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CLASSES INVOLVED Yr 4 Wild Things and Narnia	TEACHER IN CHARGE Ranjeeta Sandhu
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PARTICIPATING STAFF Ranjeeta Sandhu, Susanne Armistead & Sue Hurkett	MODE OF TRANSPORT Bus
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COST PER STUDENT \$6.50 Note: Excursions are an optional enrichment activity and parents are expected to cover the cost incurred.	EMERGENCY PHONE (02) 6142 3140
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ADDITIONAL INFORMATION

Children will need to be in school uniform and to bring their recess and water bottle.

Ranjeeta Sandhu
Teacher in Charge Name

Daniel Zobel
Principal

Please fill in the attached form and return it with payment to the front office by: Notes will not be accepted after this date.	Friday 16 November
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PLEASE RETURN TO THE FRONT OFFICE BY Friday 16th November 2018

Child's Name _____ Class Teacher _____

I consent to my child attending the:
Recycling Discovery Hub & Resource Management Centre in Hume

Please tick the appropriate boxes:

I have enclosed \$6.50 in full payment.

Quickweb Reference
Discovery

Direct Debit
BSB: 032 777

EFT at Office

Cash

Account Number: 001594

Reference: Surname/Discovery

I authorise for the teacher in charge to make arrangements for the welfare of my child (including medical) in an emergency

I agree to meet the costs associated with an emergency arrangement made by the teacher in charge – fee of ambulance transportation (free within the ACT).

I agree that the student will be under the authority of the school for the duration of the excursion, and that the teacher in charge is authorised to return the student home at the expense of the parent/guardian if the teacher in charge considers that circumstances warrant such action.

I agree to the student travelling by private car, driven by a staff member, if applicable.

Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities.

Parents should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.

The school has made every effort to keep costs for this activity at a reasonable level. If you require financial assistance please make an appointment to speak to the Principal.

I have read the attached information regarding this excursion and understand what it contains.

Full name of parent/carer: _____ (please print)

Signature of parent/carer: _____ Date: ____/____/____

Contact Numbers: (h) _____ (w) _____ (m) _____