



# 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

### 2018 BOOK WEEK PERFORMANCE

Majura Primary School Hall

<b>DATE OF PERFORMANCE</b> Wednesday 15 <sup>th</sup> August	<b>TIME OF PERFORMANCE</b> Kindergarten – Year 2 at 9.15am Years 3 – 6 at 11.15am
<b>CLASSES INVOLVED</b> Whole School	<b>TEACHER IN CHARGE</b> Ros Cusack
<b>PARTICIPATING STAFF</b> All Teaching Staff	<b>MODE OF TRANSPORT</b> N/A
<b>COST PER STUDENT</b> \$6.50 <small>Note: Incursions are an optional enrichment activity and parents are expected to cover the cost incurred.</small>	<b>SCHOOL PHONE</b> (02) 6142 3140

### ADDITIONAL INFORMATION

To celebrate Book Week in 2018, *Perform! Educational Musicals* will present a whole school performance of ***Treasure Hunt!***

Celebrating the Children's Book Council's 2018 theme '**FIND YOUR TREASURE**'. ***Treasure Hunt*** is an interactive and educational in-school performance that explores the issues of sustainability and our relationship with the natural environment as well as celebrating how books & reading can create understanding and bring people of different backgrounds together.

**Teacher in Charge**  
**Ros Cusack**

**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.

**WEDNESDAY**  
**1<sup>st</sup> AUGUST**



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**PLEASE RETURN TO THE FRONT OFFICE BY: Wednesday 1<sup>st</sup> August 2018**

Child's Name \_\_\_\_\_ Class Teacher \_\_\_\_\_

I consent to my child attending: **The Treasure Hunt Performance Incursion**

**Please tick the appropriate boxes:**

I have paid **\$6.50** using the payment method below:

- Quickweb Reference  Direct Debit  EFT at Office  Cash  
**BOOKWEEK** BSB: 032 777  
 Account Number: 001594  
 Reference: Surname/BOOKWEEK

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).

*Staff 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 at an incursion 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) \_\_\_\_\_