



# 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

### National Zoo and Aquarium

Year 5 will be going to The National Zoo and Aquarium. During this visit students will discover, through a guided program, information relating to animal adaptations through a thoroughly 'hands on' approach. This will support students with their understanding in our *Desert Survivors* science unit.

<b>DATE OF DEPARTURE</b> Friday 7 <sup>th</sup> September	<b>TIME OF DEPARTURE</b> 9.15am
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<b>DATE OF RETURN</b> Friday 7 <sup>th</sup> September	<b>TIME OF RETURN</b> 2:30pm
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<b>CLASSES INVOLVED</b> Weasleys, Patronus, Gryffindor	<b>TEACHER IN CHARGE</b> Jason Lawrence
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<b>PARTICIPATING STAFF</b> Jason Lawrence, Beth Lessard, Tristan Early	<b>MODE OF TRANSPORT</b> Bus
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<b>COST PER STUDENT</b> <b>\$22.00</b> <small>Note: Excursions are an optional enrichment activity and parents are expected to cover the cost incurred.</small>	<b>EMERGENCY PHONE</b> (02) 6142 3140 0458 064 421
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### ADDITIONAL INFORMATION

Students will have their lunch and recess at National Zoo and Aquarium. They will need to carry their school bag with food and a water bottle on the excursion.

**Jason Lawrence**  
Year 5 teacher

**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**  
**29<sup>th</sup> August**  
**2018**



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**PLEASE RETURN TO THE FRONT OFFICE BY Wednesday 29<sup>th</sup> August 2018**

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

I consent to my child attending: **The National Zoo and Aquarium**

**Please tick the appropriate boxes:**

I have paid **\$22.00** using the following method:

Quickweb Reference  
**5ZOO**

Direct Debit  
BSB: 032 777  
Account Number: 001594  
Reference: Surname/5ZOO

EFT at Office

Cash

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) \_\_\_\_\_