



# 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

### Hall Schoolhouse and Museum

This term year two's inquiry unit has a focus on history, looking at the past and present. On **Friday 31st May (week 5)** we will be exploring the Hall Schoolhouse and Museum. Students will learn about school life in the 1920's and how it has changed from then to now.

<b>DATE OF DEPARTURE</b> Friday 31 <sup>st</sup> May 2019	<b>TIME OF DEPARTURE</b> 9:20am
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<b>DATE OF RETURN</b> Friday 31 <sup>st</sup> May 2019	<b>TIME OF RETURN</b> 1:30pm
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<b>CLASSES INVOLVED</b> Year 2 – Burugun and Kanbi	<b>TEACHER IN CHARGE</b> Emma Sculthorpe
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<b>PARTICIPATING STAFF</b> Emma Sculthorpe, Thembi Compton	<b>MODE OF TRANSPORT</b> Bus
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<b>COST PER STUDENT</b> <b>\$8.00</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
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### ADDITIONAL INFORMATION

Students should bring a packed lunch, hat, water bottle and warm clothing.

**Emma Sculthorpe**  
Teacher in Charge

**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**  
**24 May 2019**



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**PLEASE RETURN TO THE FRONT OFFICE BY: Friday 24<sup>th</sup> May 2019**

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

I consent to my child attending: **Hall Schoolhouse and Museum Excursion**

**Please tick the appropriate boxes:**

I have made payment of **\$8.00** using the following method:

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

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) \_\_\_\_\_