



# 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

### The National Zoo and Aquarium Canberra

During our inquiry unit this term students are learning about living things and what they need to survive. We will be attending an excursion to the 'National Zoo and Aquarium' where students will participate in a kindergarten based learning program about what the different animals need to survive.

<b>DATE OF DEPARTURE</b> Wednesday 11 <sup>th</sup> Nov 2020	<b>TIME OF DEPARTURE</b> 9:15am
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<b>DATE OF RETURN</b> Wednesday 11 <sup>th</sup> Nov 2020	<b>TIME OF RETURN</b> Approximately 1:20pm
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<b>CLASSES INVOLVED</b> Gum Blossoms, Wisterias, Boronias, Banksias & Rock Lilies	<b>TEACHERS IN CHARGE</b> Kathryn Shaw
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<b>PARTICIPATING STAFF</b> Deborah Desmond, Chrissy Worland, Maia Parker-Sloan, Neelam Rikhi & Kathryn Shaw	<b>MODE OF TRANSPORT</b> Bus
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<b>COST PER STUDENT</b> <b>\$20</b> <b>Note:</b> Excursions/Incursions are an optional enrichment activity and parents are expected to cover the cost incurred.	<b>EMERGENCY PHONE</b> (02) 6142 3140
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### ADDITIONAL INFORMATION

Staff at the National Zoo and Aquarium have requested students to wear enclosed shoes as we will be outdoors. Students are required to bring **recess, lunch, a water bottle and a hat** for the excursion.

Kathryn Shaw  
Teacher in Charge

Liz Bobos  
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.

**Thursday  
5 November**



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**PLEASE RETURN TO THE FRONT OFFICE BY Thursday 5 November 2020**

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

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

**Please tick the appropriate boxes:**

I have enclosed \$20.00 in full payment.

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

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 (m) \_\_\_\_\_