



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 Canberra Playhouse

As an extension of our Inquiry unit, "All Mixed Up" and to coincide with the Year 2 classes reading "George's Marvellous Medicine" we are going to the Canberra Theatre to watch the stage show 'George's Marvellous Medicine'.

DATE OF DEPARTURE

28th June, 2018

TIME OF DEPARTURE

11:30am

DATE OF RETURN

28th June, 2018

TIME OF RETURN

2:15pm

CLASSES INVOLVED

Bar-ba-loots, Fish, Tweetle Beetles, Yurtles

TEACHERS IN CHARGE

Emma Sculthorpe
Bec Spoons

PARTICIPATING STAFF

Dale Solly, Bec Spoons, Emma Sculthorpe,
Karly Malmberg

MODE OF TRANSPORT

Bus

COST PER STUDENT

\$19.00

Note: Excursions are an optional enrichment activity and parents are expected to cover the cost incurred.

EMERGENCY PHONE

(02) 6142 3140

ADDITIONAL INFORMATION

Students will need to bring their lunches and drink bottles in a clearly labelled, easy to carry bag. This bag will be placed in their class tub and handed out at lunch time.

Bec Spoons and Emma Sculthorpe
Teachers 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.

THURSDAY

21/06/18



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PLEASE RETURN TO THE FRONT OFFICE BY: Thursday 21 June 2018

Child's Name _____ Class Teacher _____

I consent to my child attending: 'George's Marvellous Medicine' at the Canberra Playhouse

Please tick the appropriate boxes:

I have made payment of **\$19.00** using the following method.

Quickweb Reference
PLAYHOUSE

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

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) _____