



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

Year 4 Camp BIRRIGAI

Year 4 students will be attending camp at Birrigai at Tidbinbilla from Monday 29 April until Wednesday 1 May 2019. This camp will be a valuable educational experience and we hope that all students can attend. It is an opportunity to build upon their social and emotional skills being taught through our 'Friendly Schools Plus' program as well as gaining confidence in leadership, communication, team work and independence. The program has been designed to connect the year four students to areas of the curriculum including a look at the indigenous perspectives in the Brindabellas as well as challenge them through involvement in a number of team based outdoor activities. As this will be the first overnight camp experience for many children we have booked a location close to Canberra.

DATE OF DEPARTURE Monday 29 April 2019	TIME OF DEPARTURE 9am
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DATE OF RETURN Wednesday 1 May 2019	TIME OF RETURN 3pm
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CLASSES INVOLVED All Year 4 Classes	TEACHER IN CHARGE Gareth Rowe
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PARTICIPATING STAFF Susanne Armistead, Andrew Xirakis, Maureen Moffatt, Emma Marsh, and a teacher assistant	MODE OF TRANSPORT Coaches – Fitted with seatbelts
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Total Cost Per Student: \$273 Deposit Payment: \$73 due Friday 8th March 2019 1 st Instalment: \$100 due Friday 22 nd March 2019 2 nd Instalment: \$100 due Friday 5 th April 2019 Note: Excursions are an optional enrichment activity and parents are expected to cover the cost incurred.	EMERGENCY PHONE (02) 6142 3140
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ADDITIONAL INFORMATION

This cost includes transport, accommodation, activities, meals and insurance. **Payment in full is required by Friday 5 April 2019.** Further details about camp will be sent home closer to the date. If you have any queries or concerns regarding this camp, please consult your child's classroom teacher or contact our executive teacher.

Gareth Rowe
Executive Teacher

Daniel Zobel
Principal

Please fill in the attached form and return it with deposit payment to the front office by:
Notes will not be accepted after this date.

FRIDAY
8 March



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PLEASE RETURN TO THE FRONT OFFICE BY FRIDAY 8th March 2019

Child's Name _____ Class Teacher _____

I consent to my child attending **BIRRIGAI**

Please tick the appropriate boxes:

I have enclosed **\$273** in full payment.

I will be paying in instalments and have enclosed a **\$73** deposit.

Quickweb Reference

BIRRIGAI

Direct Debit

BSB: 032 777

Account Number: 001594

Reference: Surname/BIRRIGAI

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) _____