



Education and Training

MAJURA PRIMARY SCHOOL

Knox Street, Watson ACT 2602

Phone (02) 6142 3140 Fax (02) 6142 3141
 admin@majuraps.act.edu.au www.majuraps.act.edu.au



PARENT CONSENT FORM

VENUE AND PURPOSE

Glassworks and National Gallery

As part of our science inquiry, 'Melting Moments' we would like to take the opportunity to visit the Glassworks where we will take part in the 'Great Glass Adventure.' We will also visit the sculpture garden at the National Gallery. This will extend the students' curiosity about science and further develop their knowledge about the changing nature of solids and liquids when heat is applied.

<p>DATE OF DEPARTURE Wednesday 28th June 2017</p>	<p>TIME OF DEPARTURE 9.15am</p>
<p>DATE OF RETURN Wednesday 28th June 2017</p>	<p>TIME OF RETURN 2.00pm</p>
<p>CLASSES INVOLVED Year 3 Blue Wrens, Silvereyes, Doves and Sugar Gliders</p>	<p>TEACHER IN CHARGE Vivien Badham</p>
<p>PARTICIPATING STAFF Renee Broadhurst ,Maia Parker, Tanya Mowbray, Tanya Fitzgerald and Vivien Badham</p>	<p>MODE OF TRANSPORT Bus</p>
<p>COST PER STUDENT \$15.00 Note: Excursions are an optional enrichment activity and parents are expected to cover the cost incurred.</p>	<p>EMERGENCY PHONE (02) 6142 3140</p>

Vivien Badham
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.

14th June



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PLEASE RETURN TO THE FRONT OFFICE BY Wednesday 14th June

Child's Name: _____ Class Teacher: _____

I consent to my child attending the **Glassworks and National Gallery excursion.**

Please tick the appropriate boxes:

I have enclosed **\$15.00** in full payment.

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

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) _____