



# 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

### National Portrait Gallery and Museum of Democracy

To support our units on Civics and Citizenship as well as our major art project for term 3, Year 5 will be going to both *The National Portrait Gallery* and *The Museum of Democracy*.

<b>DATE OF DEPARTURE</b> Tuesday 11 August	<b>TIME OF DEPARTURE</b> 9.15am
<b>DATE OF RETURN</b> Tuesday 11 <sup>th</sup> August	<b>TIME OF RETURN</b> 2:45pm
<b>CLASSES INVOLVED</b> 5L, 5B, 5W, 5KR	<b>TEACHER IN CHARGE</b> Jason Lawrence
<b>PARTICIPATING STAFF</b> Jason Lawrence, Sam Brunswick, Brooke Reardon, Katie Kanowski, Jess Sklenar	<b>MODE OF TRANSPORT</b> Bus
<b>COST PER STUDENT</b> <b>\$12.00</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

### ADDITIONAL INFORMATION

Students will have their lunch and recess at the excursion (lunch during the transition period between venues). They will need to carry their school bag with food and a water bottle on the excursion.

**Jason Lawrence**  
Year 5 teacher

**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.

**Friday 7  
August 2020**

**PLEASE RETURN TO THE FRONT OFFICE BY 7 August 2020**



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

I consent to my child attending: **National Portrait Gallery/Museum of Australian Democracy**

**Please tick the appropriate boxes:**

I have paid **\$12.00** using the following method:

- Quickweb Reference MoAD     
  Direct Debit BSB: 032 777  
 Account Number: 001594  
 Reference: Surname/MoAD     
  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 Number: \_\_\_\_\_