



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

AUSTRALIAN NATIONAL BOTANICAL GARDENS

This term, students have been developing a greater sense of their local environment and looking at ways to care for familiar places within our unit 'Important Places'. On **Friday 8th November** the Kindergarten students will be going to the Australian National Botanic Gardens. They will explore the connections between people, plants and animals in the living classroom that is the Australian National Botanic Gardens and participate in a facilitated learning program.

- **Indigenous Plant Use:** Students will learn how native plants can provide many of the essentials of life, including food, medicine, tools, weapons and clothes.

If you are available to attend and assist in the supervision of students, it would be greatly appreciated. Please let your child's teacher know as soon as possible. We do ask for you to arrange your own transport to and from the excursion (meet at the Gardens at approximately 9:50am for a 10:20am start) due to limited bus seats.

DATE OF DEPARTURE Friday 8 th November	TIME OF DEPARTURE 9:30am
DATE OF RETURN Friday 8 th November	TIME OF RETURN 2:00pm
CLASSES INVOLVED Mulgus, Girra- Girra, Bunda & Guma	TEACHERS IN CHARGE Deborah Desmond & Neelam Rikhi
PARTICIPATING STAFF Deborah Desmond, Chrissy Worland, Maia Parker-Sloan, Neelam Rikhi	MODE OF TRANSPORT Bus
COST PER STUDENT \$12.00 Note: Excursions are an optional enrichment activity and parents are expected to cover the cost incurred	EMERGENCY PHONE (02) 6142 3140

ADDITIONAL INFORMATION

Students **must** wear enclosed shoes and a hat. Students will need to pack a water bottle and sunscreen. We will be having morning tea and lunch at the gardens. Please send your child to school with all food in a paper bag labelled with your child's name. Their bag will remain at school.

Kindergarten Teachers
Deborah Desmond & Neelam Rikhi

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.

**Friday 1
November**



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PLEASE RETURN TO THE FRONT OFFICE BY Friday 1 November

Child's Name _____ Class Teacher _____

I consent to my child attending **AUSTRALIAN NATIONAL BOTANICAL GARDENS**

Please tick the appropriate boxes:

I have enclosed \$12.00 in full payment.

Quickweb Reference
Botanic

Direct Debit
BSB: 032 777

EFT at Office

Cash

Account Number: 001594

Reference: Surname/Botanic

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: (w) _____ (m) _____