



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

VENUE AND PURPOSE Kulture Break Dance Performance Majura Primary School Incursion

DATE OF PERFORMANCE Friday 2 nd August	TIME OF PERFORMANCE 9.30-10.30
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CLASSES INVOLVED Years 5 and 6	TEACHER IN CHARGE Arianna Cansdell
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PARTICIPATING STAFF Class and Specialist Teachers	MODE OF TRANSPORT N/A
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COST PER STUDENT <small>Note: Excursions are an optional enrichment activity and parents are expected to cover the cost incurred.</small> \$3.00	EMERGENCY PHONE (02) 6142 3140
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ADDITIONAL INFORMATION

In terms 3 and 4, students from years 5 and 6 will be participating in weekly dance lessons as part of the specialist program offered at Majura. This incursion is planned to link with skills and ideas presented as part of these lessons. Led by Kulture Break, the Hope Tour is a highly engaging dance and music presentation that will promote powerful messages of hope and resilience that will leave students encouraged and empowered. The visit will also feature an international guest performance group from New York City, led by prominent school teacher Lamont O'Neil.

Arianna Cansdell
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.	25/7/2019
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PLEASE RETURN TO THE FRONT OFFICE BY Thursday 25th July 2019 (week 1, term 3)



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Child's Name _____ Class Teacher _____

I consent to my child participating in the Kulture Break Dance Performance

Please tick the appropriate boxes:

I have enclosed \$3.00 full payment.

Quickweb Reference Direct Debit EFT at Office Cash
 Dance BSB: 032 777
 Account Number: 001594
 Reference: Surname/Dance

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) _____