

# **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 Zoo and Aquarium**

Year 5 will be going to The National Zoo and Aquarium. During this visit students will discover, through a guided program, information relating to animal adaptations through a thoroughly 'hands on' approach. This will support students with their understanding in our *Desert Survivors* science unit.

DATE OF DEPARTURE	TIME OF DEPARTURE
Monday 12 <sup>th</sup> August	10.15am
DATE OF RETURN	TIME OF RETURN
Monday 12 <sup>th</sup> August	2:30pm
CLASSES INVOLVED	TEACHER IN CHARGE
CLASSES INVOLVED	TEACHER IN CHARGE
Quechuans, Innu, Meraki	Jason Lawrence
PARTICIPATING STAFF	MODE OF TRANSPORT
Jason Lawrence, Sam Brunswick,	Bus
Bella Williams	
COST PER STUDENT	EMERGENCY PHONE
\$22.00	(02) 6142 3140
<b>Note:</b> Excursions are an optional enrichment activity and parents are expected to cover the cost incurred.	0458 064 421

#### **ADDITIONAL INFORMATION**

Students will have their lunch and recess at National Zoo and Aquarium. They will need to carry their school bag with food and a water bottle on the excursion.

Jason Lawrence Year 5 teacher 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.

7 August
2019



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## PLEASE RETURN TO THE FRONT OFFICE BY 7 August 2019

Child's Name	Class Teacher	
I consent to my child attending: The National Zoo and Aquarium		
Please tick the appropriate boxes:		
I have paid \$22.00 using the following method:		
5ZOO BSB:	et Debit EFT at Office Cash 032 777 unt Number: 001594 rence: Surname/5ZOO	
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)	