



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

Light Rail

Kindergarten has been learning about movement and force during the term 3 inquiry unit 'on the move'. Students will be looking at how objects of different sizes, shapes and materials move.

DATE OF DEPARTURE

Friday 9th August 2019

TIME OF DEPARTURE

10am

DATE OF RETURN

Friday 9th August 2019

TIME OF RETURN

11:55am

CLASSES INVOLVED

Bunda, Guma, Mulgu and Girra-Girra

TEACHER IN CHARGE

Maia Parker-Sloan

PARTICIPATING STAFF

Neelam Rikhi, Maia Parker-Sloan, Christine Worland,
Deborah Desmond.

MODE OF TRANSPORT

Bus

COST PER STUDENT

\$5.50

EMERGENCY PHONE

(02) 6142 3140

ADDITIONAL INFORMATION

Students must bring their school bag with their drink bottle, hat and recess and lunch (All clearly labelled)

Maia Parker-Sloan
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.

**Friday 2nd
August 2019**



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PLEASE RETURN TO THE FRONT OFFICE BY: Friday 2nd August 2019

Child's Name _____ Class Teacher _____

I consent to my child attending: **Light rail excursion**

Please tick the appropriate boxes:

I made payment of **\$5.50** using the method below.

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

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) _____