



# 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

**Purpose:** Singfest

**Venue:** ANU School of Music – Larry Sitsky Workshop Room

### DATE OF DEPARTURE

Monday 9<sup>th</sup> September 2019

### TIME OF DEPARTURE

9.15am

### DATE OF RETURN

Monday 9<sup>th</sup> September 2019

### TIME OF RETURN

1.10pm

### CLASSES INVOLVED

Students who attend the junior and senior choir (years 2-6)

### TEACHERS IN CHARGE

Thembi Compton and Owen Bingham

### PARTICIPATING STAFF

Thembi Compton  
Owen Bingham

### MODE OF TRANSPORT

Bus

### COST PER STUDENT

**\$10.50**

**Note:** Excursions are an optional enrichment activity and parents are expected to cover the cost incurred.

### EMERGENCY PHONE

(02) 6142 3140

### ADDITIONAL INFORMATION

During Singfest, our junior and senior choirs will have the opportunity to watch and perform in front of choirs from other schools in Canberra. They will also take part in singing workshops run by Stephen Leek. Parents and family members are welcome to come and watch Singfest and there will be no entry fee. If there are any further questions contact Thembi Compton.

**Thembi Compton**

**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.

**Thursday**  
**5 September**



# MAJURA PRIMARY SCHOOL

Knox Street, Watson ACT 2602



Phone (02) 6142 3140  
admin@majuraps.act.edu.au www.majuraps.act.edu.au

**PLEASE RETURN TO THE FRONT OFFICE BY Thursday 5 September**

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

I consent to my child attending- Singfest

**Please tick the appropriate boxes:**

I have enclosed \$10.50 in full payment.

Quickweb Reference  
Singfest

Direct Debit  
BSB: 032 777  
Account Number: 001594  
Reference: Surname/Singfest

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 Numbers (w) \_\_\_\_\_ (m) \_\_\_\_\_