



**ACT**  
Government  
Education

# 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

Majura Primary School Athletics Carnival 2022  
AIS Athletics Arena ACT  
Bruce

**DATE OF DEPARTURE**  
Tuesday 26<sup>th</sup> July 2022

**TIME OF DEPARTURE**  
9.15

**DATE OF RETURN**  
Tuesday 26<sup>th</sup> July 2022

**TIME OF RETURN**  
2.45

**CLASSES INVOLVED**  
Years 2 -6

**TEACHER IN CHARGE**  
Louise Johnston

**PARTICIPATING STAFF**  
All staff from Years 2-Years 6

**MODE OF TRANSPORT**  
Bus

### COST PER STUDENT

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

**\$9.00**

### EMERGENCY PHONE

**(02) 6142 3140**

### ADDITIONAL INFORMATION

- Students who wish to participate in 400m and 800m races will need to arrive at the AIS at 8:30am using private methods of transport
- Canteen facilities **will not** be available on the day through the AIS
- Students will need to bring recess/lunch, drink bottles, warm clothes, competing clothes if required
- Students will need to arrive in their Majura school uniform or clothing to match their school house colours

**Teacher in Charge**  
Louise Johnston

**Principal**  
Liz Bobos

Please fill in the attached form and return it with payment to the front office by:  
Notes will not be accepted after this date.

**30<sup>th</sup> June**

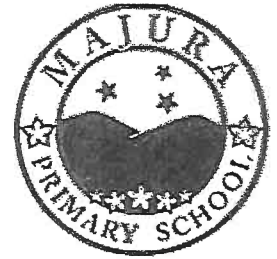


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**PLEASE RETURN TO THE FRONT OFFICE BY June 30<sup>th</sup> 2022**

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

I consent to my child attending Majura Primary School Athletics Carnival 2022 at the AIS Athletics Arena

Please tick the appropriate boxes:

I would like to volunteer to help on the day.

Parent Name: \_\_\_\_\_ Email: \_\_\_\_\_

I have enclosed \$9.00 in full payment.

Quickweb Reference     EFT at Office     Cash  
Athletics22/Surname

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) \_\_\_\_\_