



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

Adventure Park and Inflatable World, Kambah
Year 6 End of Year Fun Day Celebration

DATE OF DEPARTURE

Friday 13th December 2019

TIME OF DEPARTURE

9:20am

DATE OF RETURN

Friday 13th December 2019

TIME OF RETURN

2:30pm

CLASSES INVOLVED

Year 6

TEACHER IN CHARGE

Adam Hellyar

PARTICIPATING STAFF

Louise Johnston, Adam Hellyar, Brooke Reardon, Katie Kanowski, Jane Phippen

MODE OF TRANSPORT

Bus

COST PER STUDENT

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

\$18.50

EMERGENCY PHONE

(02) 6142 3140

ADDITIONAL INFORMATION

Students are to wear a Majura school/Year 6 shirt with their choice of shorts/pants/etc and enclosed shoes (e.g. runners). Students will be bussed to the Adventure Park, Kambah for free play time then a pizza lunch. Afterwards, they will walk to Inflatable World (approx. 600m) for a 2 hour session, including a snack. The bus will return to school before the end of the school day.

PLEASE NOTE: You will need to bring a hat and a full water bottle and if you choose, you can bring sunscreen, and outdoor play items e.g. skipping ropes, balls, frisbees etc. **No money or mobile phones** are to be taken.

Adam Hellyar
Year 6 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.

Fri 6th Dec
2019



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PLEASE RETURN TO THE FRONT OFFICE BY Friday 6th December 2019

Child's Name _____ Class Teacher _____

I consent to my child attending the Year 6 Fun Day

Please tick the appropriate boxes:

I have enclosed \$18.50 in full payment.

Quickweb Reference
FunDay

Direct Debit
BSB: 032 777

EFT at Office

Cash

Account Number: 001594

Reference: Surname/FunDay

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) _____