



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

Children will explore *Seeing Canberra*; an exhibition that focuses on the development of the Canberra landscape through the eyes of the artists who have depicted it. In the gallery, children will discover artworks that reflect the growth of the city and how it has changed. In the CMAG (Canberra Museum and Gallery) Studio, they will explore and experiment with different tools and techniques to create their own artworks about Canberra.

DATE OF DEPARTURE Tuesday 23 March 2021	TIME OF DEPARTURE 9:15am
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DATE OF RETURN Tuesday 23 March 2021	TIME OF RETURN 12:45pm
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CLASSES INVOLVED Green grapes and Blueberries	TEACHER IN CHARGE Alison Hyman
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PARTICIPATING STAFF Alison Hyman, Jo Batten, Robyn Slater & Naomi Maggs	MODE OF TRANSPORT Bus
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COST PER STUDENT Note: Excursions are an optional enrichment activity and parents are expected to cover the cost incurred. \$15.50	EMERGENCY PHONE (02) 6142 3140
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ADDITIONAL INFORMATION

Students will eat their fruit before they leave at 9:15am. Please pack your child's **recess in a labelled paper bag**. Teachers will carry your child's recess in a tub. Students will also need to bring a **labelled drink bottle**. We will return to preschool for lunch. As part of our ratio requirements (1:4) we require parent volunteers. We are after 4 parent volunteers from each class to assist us on the day or our excursion cannot go ahead. If you are interested in helping out, please email your child's teacher. Volunteers names will be chosen out of a hat and the teacher will contact you. Please note, unfortunately we cannot allow siblings to attend. Volunteers also need to adhere COVID-19 safety advice.

Alison Hyman
Teacher in Charge

Liz Bobos
Principal

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

15 March



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PLEASE RETURN THE NOTE TO PRESCHOOL BOX BY 15 March 2021

Child's Name _____ Class Teacher _____

I consent to my child attending **CMAG Preschool Excursion**

Please tick the appropriate boxes:

I have enclosed \$15.50 in full payment.

Quickweb Reference CMAG
 Direct Debit BSB: 032 777
 Account Number: 001594
 Reference: Surname/CMAG
 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: (h) _____ (w) _____ (m) _____