



# 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

### Year 4 Camp BIRRIGAI 2021

Year 4 students will be attending camp at Birrigai at Tidbinbilla from Wednesday 5 May to Friday 7 May 2021. This camp will be a valuable educational experience and we hope that all students can attend. It is an opportunity to build upon their social and emotional skills as well as gaining confidence in leadership, communication, teamwork and independence. The program has been designed to connect the year 4 students to areas of the curriculum as well as challenging them through involvement in a number of team based outdoor activities. As this will be the first overnight camp experience for many children we have booked a location close to Canberra.

<b>DATE OF DEPARTURE</b> Wednesday 5 May 2021	<b>TIME OF DEPARTURE</b> 9.15 am
<b>DATE OF RETURN</b> Friday 7 May 2021	<b>TIME OF RETURN</b> 3.00 pm
<b>CLASSES INVOLVED</b> All Year 4 Classes	<b>TEACHER IN CHARGE</b> Gareth Rowe
<b>PARTICIPATING STAFF</b> Renee Broadhurst, Nathan Cross, Amanda Dezman, Tanya Fitzgerald, Sarah Sydney, Andrew Xirakis and Gareth Rowe	<b>MODE OF TRANSPORT</b> Coaches – Fitted with seatbelts
<b>Total Cost Per Student: \$290</b> Deposit Payment: \$30 due Thursday 1 April 2021 1 <sup>st</sup> Instalment: \$130 due Friday 23 April 2021 2 <sup>nd</sup> Instalment: \$130 due Friday 30 April 2021 <b>Note:</b> Excursions are an optional enrichment activity and parents are expected to cover the cost incurred.	<b>EMERGENCY PHONE</b>  (02) 6142 3140

### **ADDITIONAL INFORMATION**

This cost includes transport, accommodation, activities, meals and insurance. **Payment in full is required by Friday 30 April 2021.** Further details about camp will be sent home closer to the date. If you have any queries or concerns regarding this camp, please consult your child's classroom teacher or contact our executive teacher.

**Gareth Rowe**  
Executive Teacher

**Liz Bobos**  
Principal

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

**Thursday**  
**1 April 2021**



# 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 1 April 2021**

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

I consent to my child attending **BIRRIGAI Camp**

**Please tick the appropriate boxes:**

I have enclosed **\$290** in full payment.

I will be paying in instalments and have enclosed a **\$30** deposit.

Quickweb Reference

**BIRRIGAI**

Direct Debit

BSB: 032 777

EFT at Office

Cash

Account Number: 001594

Reference: **Surname/BIRRIGAI**

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) \_\_\_\_\_