

Kinder - National Museum of Australia Excursion

DESCRIPTION:

Students will visit the National Museum of Australia to explore First Nations artefacts and history through the “A Living Culture’ program as part of their History Unit.

DATE:

Tuesday, 19 May 2026

DEPARTING AT:

11.00 am

RETURNING APPROX:

2.30 pm

VENUE:

National Museum of Australia
Lawson Crescent, Acton

TRAVEL ARRANGEMENTS:

Bus

COST PER STUDENT:

\$ 16.00

CLASSES INVOLVED:

KH, KM, KW

TEACHER IN CHARGE:

Natasha Monger

ITEMS TO BRING:

School uniform, enclosed shoes and a SunSmart to be worn.
Please pack lunch, snacks and a drink bottle in a labelled bag for the excursion.
No canteen lunch orders!

ADDITIONAL INFORMATION:

A Risk Management Plan is available for this excursion upon request.

Ratio 8 adults : 54 students

First Aid: Class Teachers (3)



PAYMENT OPTIONS:

Pay using your credit/debit card by:

1. Parent Portal or
2. EFTPOS / Cash at the Front Office.

Please keep this information page, then complete the permission form, make payment and return it to the front office by Thursday, 14 May 2026.

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PLEASE RETURN TO THE FRONT OFFICE BY THURSDAY, 14 MAY 2026

Student Name:

Class:

I hereby consent to my child attending the **Kinder National Museum Excursion** on **Tuesday, 19 May 2026.**

Cost: \$16.00

Please check the appropriate boxes:

- I have read and understand the attached information page for the event/excursion and I consent to the payment and travel arrangements. *PLEASE NOTE: If you fill in this form, your personal information and that of your child will be collected and handled by the ACT Education Directorate (ETD) (Monash School). This information is necessary for us to be able to manage student participation in excursions, and support the welfare and safety of your child. If you do not consent to supply us with this information your child will be unable to participate in the excursion.*
- I confirm payment of \$ 16.00 via Parent Portal or EFTPOS/Cash at the front office.
- I understand that the cost of buses is non-refundable as prices are determined by the total number of children travelling. If my child is unable to attend the excursion, and I require a refund (less bus fare), I should make a request in writing, within a week after the excursion to the Business Manager.

The School should be notified by 9.00 am on the day of the excursion if a student is unable to attend.

- I understand that the ACT Government (the Territory) does not meet all claims for injury, disease or illness to students resulting from school activities or school organised excursions. Claims are only met where there is a liability to do so. Liability is not automatic and depends on the circumstances in which the injury was sustained. I understand I should obtain my own advice about insurance protection which may assist in meeting expenses if my child is injured in circumstances where there is no liability on the part of the Territory. The ACT Ambulance Service provides free ambulance transport for students who are injured or suddenly become ill at school or during school-approved activities within the ACT. Excursions to states and territories outside the ACT are not covered by free ambulance transport.
- In serious cases where medical attention is necessary, and a parent/carer is not available, I authorise the school to make arrangements for the welfare of my child (including transport and medical/surgical treatment).
- I agree that my child/children will be under the authority of the school for the duration of the excursion and that the school is authorised to return the student home at the expense of the parent/carer if the school considers that circumstances warrant such action.
- The **medical information and emergency contact numbers** for my child/children held at the school **are correct and up to date. Please supply the front office with any updated medical information or contact numbers as soon as possible.**
- I need to **UPDATE** the information held at the school as follows: *(ONLY FILL IN IF THE SCHOOL DOES NOT HAVE THIS INFORMATION)*
- Parent/Carer Contact Number Name: _____ Number: _____
- Parent/Carer Contact Number Name: _____ Number: _____
- Home Telephone Number _____
- Please change my "Other Emergency Contact" to: *(please include full name and contact number)*

Full Name of Parent/Carer:

Date: