



**Evelyn  
Scott  
School**

2 Bielski Street, Denman Prospect, ACT 2611

Phone: 02 6142 3491

Email: [evelynscottschool.information@ed.act.edu.au](mailto:evelynscottschool.information@ed.act.edu.au)

## YEAR 5-6 JAMIE PEARLMAN BASKETBALL CUP

### **DESCRIPTION:**

The **Kumon 'Jamie Pearlman' Cup** is one of Basketball ACT's annual competitions, open to students across all ACT Primary Schools.

With divisions played across both North and South school events, the annual primary school competitions culminate in the best team from each conference playing off in the finals.

Evelyn Scott School will once again field a team with players from Years 5 and 6 in the boys division (Jamie Pearlman Cup).

Interested learners from Evelyn Scott School have been selected to participate in this event and will prepare by training at school in the lead up to the games.

<b>EXCURSION DATE:</b>	<b>Wednesday 20 August 2025 (Week 5, Term 3)</b>
<b>VENUE:</b>	<b>Southern Cross Indoor Basketball Stadium - Pitman St, Greenway</b>
<b>TRAVEL ARRANGEMENTS:</b>	<b>Parents/Carers are required to transport learners to and from the event</b>
<b>DEPARTURE &amp; RETURN TIMES:</b>	<b>Please arrive by 8:00am - traffic can be busy so please factor travel time Learners will need to be picked up by 3:00pm</b>
<b>COST:</b>	<b>\$15</b>
<b>LEARNERS ATTENDING:</b>	<b>Selected ESS learners from Years 5 and 6</b>
<b>STAFF ATTENDING:</b>	<b>Dean Pilton - ESS Movement Teacher</b>
<b>WHAT TO BRING:</b>	<b>Learners need to wear suitable shorts (without pockets), suitable shoes and ensure they bring warm clothing, with enough food and water for the day.</b>
<b>NOTE &amp; PAYMENT DUE BY:</b>	<b>Please return permission notes and payment by no later than Friday 15 August (Week 4, Term 3). Participation will not be possible without written permission</b>

**\*Please note that if the minimum number of permission notes are not returned by the due date listed, this excursion may be canceled. In this circumstance, families will be notified via email and refunds offered.**

#### Code of Conduct and Parental Agreements:

*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. Unacceptable behaviour will be treated as it is normally treated at school, (reminders, time out in a designated spot, and exclusion from an activity) but with the additional factor that the student may be returned to school should the behaviour be extreme or overly persistent. 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.*

Kind regards,

Dean Pilton

ESS Movement Teacher

All enquires can be directed to: [dean.pilton@ed.act.edu.au](mailto:dean.pilton@ed.act.edu.au)



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**NAME OF EXCURSION/ACTIVITY**

Student Name: \_\_\_\_\_ Class: \_\_\_\_\_

If you consent to your child attending the above excursion 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

I agree to my child participating in the activities associated with this excursion mentioned previously

I have discussed with my child the need for expected behaviour on this excursion

I authorise the school to make arrangements for the welfare of my child (including medical or surgical treatment) in an emergency and I agree to meet the associated costs. I have provided to the school all medical information relevant to my child attending this excursion

The [Medical Information and consent form](#) only needs to be completed once/year prior to the first excursion unless there are changes to the details on this form. Please confirm you have returned this form for your child this year

My child requires medication to be administered during the excursion

If you checked the box above regarding the administration of medication, please complete a [Medication Authorisation and Administration Record](#) (available through the front office)

Please indicate below if there is additional information required to support your child's participation in this excursion?

\_\_\_\_\_

\_\_\_\_\_

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Excursion Payment Options**

- Pay via Parent Portal (Ezidebit platform)
- Pay via QuickWeb on the Evelyn Scott School website: <https://www.evelynscottschool.act.edu.au/Payment> (If paying via QuickWeb, please include the cost code: \_\_\_\_\_ as a reference)
- Pay over the phone or in person by Credit Card/EFTPOS by calling the front office on 6142 3491

***If you are experiencing difficulty covering the cost of this event, please contact our school's Business Manager via email: [BM.ests@ed.act.edu.au](mailto:BM.ests@ed.act.edu.au) for a confidential and supportive conversation.***

**Office Staff to complete:**

Permission note returned via:	Email	Paper Form	Verbal Permission
Payment made via:	EFT/Credit Card	QuickWeb	Parent Portal
Date permission note returned:		Entered on SAS:	
Name of ESS office staff processing: _____			