



Evelyn
Scott
School

2 Bielski Street, Denman Prospect, ACT 2611

Phone: 02 6142 3491

Email: evelynscottschool.information@ed.act.edu.au

Jack Heath Incursion

DESCRIPTION:

Evelyn Scott School will be hosting an incursion with Canberra based author Jack Heath. This opportunity is available to learners across Years 5 - 10.

Learners will have the opportunity to meet Jack Heath, learn about his journey in becoming a professional author at a young age and some insight into his processes of writing, editing and publishing.

The following aspects of the curriculum will be covered through Jack's presentation:

- understanding text structures and language features and their influence on the audience
- how to create structured and coherent texts for a range of audiences
- how to organise and link ideas, and use language features including topic-specific vocabulary and features of voice
- how to create imaginative, informative and persuasive texts for different purposes and audiences

DATE:	Tuesday 28 March 2023
VENUE:	Evelyn Scott School Presentation Room
DEPARTURE & RETURN TIMES:	145pm - 245pm
COST:	Cost is \$5 per student
CLASSES ATTENDING:	Year 5 - 10 learners
STAFF ATTENDING:	Lucy Sedlacek, Adam George, Nat Otten
NOTE & PAYMENT DUE BY:	Please return all notes and payment by Friday 24th March 2023. Please note, students will be unable to attend the excursion without signed parent/carers permission.

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,

Lucy Sedlacek

lucy.sedlacek@ed.act.edu.au



Evelyn
Scott
School

2 Bielski Street, Denman Prospect, ACT 2611

Phone: 02 6142 3491

Email: evelynscottschool.information@ed.act.edu.au

Jack Heath Incursion

STUDENT NAME: _____ CLASS: _____

I hereby consent to my child attending the above Evelyn Scott School 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 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. Are there any changes to this form? Yes No

If yes, an updated Medical Information and Consent Form is required to be completed (available through the front office).

☐ Will your child require medication to be administered during the excursion (e.g. allergy medication, pain relief)?
Yes No

If yes, please complete a [Medication Authorisation and Administration Record](#) (available through the front office).

☐ Is there any additional information you need to provide to support your child's participation in this excursion?
Yes No

PARENT NAME: _____ SIGNATURE: _____

DATE: _____ CONTACT PHONE NUMBER: _____

PAYMENT OPTIONS: Jack Heath

- Pay via QuickWeb: <https://www.evelynscottschool.act.edu.au/Payment>
- Pay over the phone by Credit Card/EFTPOS (call the front office on 6142 3491)
- Credit/Debit Card (please fill in details below and return to the Front Office)

☐ VISA

☐ MASTERCARD

AMOUNT: \$5

EXP ____/____

NAME ON CARD: _____ SIGNATURE: _____

STUDENT NAME: _____ CLASS: _____