



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)

## ESS SWIMMING CARNIVAL 2025

Please note this is an event for Junior Campus competitive swimmers only

### DESCRIPTION:

Learners from Junior Campus (Years 2-6) wishing to participate in competitive races are invited to the 2025 ESS Swimming Carnival. This event provides Junior Campus learners the opportunity to compete against their peers in a range of races, and even qualify for the Regional Swimming Carnival, held later this term. Prospective race entrants need to be **confident and capable swimmers**, able to swim 50 metres (minimum event distance) in one of the 4 recognised swimming strokes. Learners will travel to and from the event by bus with the Senior Campus learners and supervising staff. Parents and Carers are warmly welcomed to come along and support their child at the venue during their events.

<b>EXCURSION DATE:</b>	Friday 14th March 2024, (Term 1, Week 6)
<b>VENUE:</b>	<a href="#">Canberra Olympic Pool, 36 Constitution Ave, Canberra ACT 2601</a>
<b>TRAVEL ARRANGEMENTS:</b>	Learners will travel to and from the pool by charter bus with teaching staff
<b>DEPARTURE &amp; RETURN TIMES:</b>	Departing ESS at 9:30am (after usual class roll call) Returning at approximately 2:30pm
<b>COST:</b>	\$16 per learner (includes transport and pool entry)
<b>LEARNERS ATTENDING:</b>	Select learners in Years 2-6, who are confident swimmers, and have returned the attached event nomination form, along with the signed permission note.
<b>STAFF ATTENDING:</b>	Senior Campus Teaching and support staff coordinated by the ESS Movement Team
<b>WHAT TO BRING:</b>	Learners need to wear appropriate sun-smart clothing and are encouraged to dress in their Bunji colours. Please pack swimwear, a towel, hat, change of clothes and packed recess/lunch and water for the day.
<b>NOTE &amp; PAYMENT DUE BY:</b>	Please return all notes and payment by <b>Friday 28th February 2025 (Term 1, Week 4)</b> .

### 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 - [dean.pilton@ed.act.edu.au](mailto:dean.pilton@ed.act.edu.au)

ESS Movement Team



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### Competitive Events Permission and Swimming Races Nominations

Teachers are required to assess the swimming ability of every child they take on an excursion where there is water for swimming or aquatic activities. To help ensure the safety of your child, please provide the following information relating to their swimming ability:

Name of Child: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Yes, my child is a confident swimmer**

**No, my child is not a confident swimmer**

### Competitive Events

Please indicate the event/s you would like your child to participate in:

*(only children born in 2015, 2014, 2013, 2012 can compete in 100m races)*

	Freestyle	Breaststroke	Backstroke	Butterfly
50m				
100m				

Name of Parent / Carer: (please print) \_\_\_\_\_

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

**All swimmers will be required to complete the swim test upon arrival at the pool to be deemed a proficient swimmer.**



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## Senior Campus Swimming Carnival and Pool Fun Day

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 indicate if you have returned this form for your child

My child requires medication to be administered during the excursion

If you checked the box above regarding the administration of medication, please ensure there is a current [Medication Authorisation and Administration Record](#) form to accompany this medication prior to the excursion. (Copies are available via the school's front office)

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

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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: **ESS SWIMCARN 2025** 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: _____			