



Evelyn
Scott
School

2 Bielski Street, Denman Prospect, ACT 2611

Phone: 02 6142 3491

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

ACT VOLLEYBALL SECONDARY SCHOOL FINALS

DESCRIPTION:

Evelyn Scott School learners recently competed in the ACT School Sports Secondary South Volleyball Competition in Term 2. With their success during the competition, selected Year 7/8 learners and Year 9/10 learners have qualified for the ACT Volleyball Secondary School Finals and have the opportunity to represent our school at the upcoming finals event.

Learners participating in the finals must have qualified for the event by playing and registering in the school volleyball team. The event will take place on Wednesday the 25th of June at the Volleyball ACT venue in Lyneham. Parents and carers are required to arrange transport for learners to and from the venue on the day.

EXCURSION DATES:	Wednesday 25 June 2025 (Term 2, Week 9)
VENUE:	Volleyball ACT - 1 Riggall Place, Lyneham ACT
TRAVEL ARRANGEMENTS:	Parents/Carers are required to transport learners to and from the event
ARRIVAL & DEPARTURE TIMES:	Please arrive at the venue by no later than 8:30am. Pick up at 3:15pm - unless prior permission has been given for learners given to make their own way home
COST:	\$10 per learner
LEARNERS ATTENDING:	Selected ESS learners in Years 7 to 10
STAFF ATTENDING:	Patrick Kien and Justin Pronin
WHAT TO BRING:	Learners will need to wear appropriate volleyball attire/footwear and their ESS school shirt. They will also need to bring enough food for their day and a refillable water bottle. Kneepads are optional.
NOTE & PAYMENT DUE BY:	Please return signed permission notes and payment by: Wednesday 18 June

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.

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,

Patrick Kien and Justin Pronin

patrick.kien@ed.act.edu.au

justin.pronin@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

ACT VOLLEYBALL SECONDARY SCHOOL FINALS

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 and I consent to the payment and travel arrangements. I understand that my child will not be able to make their way home from this event independently without prior parent/carer permission (via email or telephone call)

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: **ASSVF** 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 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: _____			