



Evelyn  
Scott  
School

2 Bielski Street, Denman Prospect, ACT 2611

Phone: 02 6142 3491

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## Parliament House

### DESCRIPTION:

The 3/4 cohort have been learning about what makes up our community. One key factor we have been focusing on are rules and laws within our communities, the creation of these rules and laws, and ways we can influence our community. This visit to Parliament House will give learners an up-close opportunity to see where and how our laws are made, and possibly even meet with our local member of parliament.

DATE:	Tuesday 12 March 2024 (Term 1, Week 7)
VENUE:	Parliament House, Parliament Drive Canberra
TRAVEL ARRANGEMENTS:	Learners will travel by charter bus to and from the venue
DEPARTURE & RETURN TIMES:	Departing School at 9:20am Returning to School at 11:50am
COST:	Cost is \$6.50 per student (includes bus travel)
CLASSES ATTENDING:	All Year 3-4 classes
STAFF ATTENDING:	Olivia Low, Kate Gillard, Melissa Polansky, Satra Kien, Jarrod Casey and Learning Support Assistants
WHAT TO BRING:	Learners are not required to bring anything on this excursion.
NOTE & PAYMENT DUE BY:	<b>Please return all notes and payment by Wednesday 6 March.</b> <i>Please note, students will be unable to attend the excursion without signed parent/carer permission.</i>

### 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,

Olivia Low on behalf of the Year 3-4 Team

[olivia.low@ed.act.edu.au](mailto:olivia.low@ed.act.edu.au)



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## Parliament House

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 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. 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

AMOUNT: \$6.50

- Pay via QuickWeb: <https://www.evelynscottschool.act.edu.au/Payment>

If paying via QuickWeb, please include the cost code: **YEAR 3 4 PARLIAMENT HOUSE** as a reference

- Pay over the phone or in person by Credit Card/EFTPOS by calling the front office on 6142 3491

Office Staff to complete:

Received by: \_\_\_\_\_

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

Payment made via: \_\_\_\_\_ Entered on SAS: ☐