



**Evelyn
Scott
School**

2 Bielski Street, Denman Prospect, ACT 2611

Phone: 02 6142 3491

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

YEAR 7-10 BEACH VOLLEYBALL CARNIVAL

DESCRIPTION:

Your child has been selected to represent Evelyn Scott School in the ACT Secondary Beach Volleyball Carnival on Friday 7th March, 2025. They will be playing in a mixed Year 7/8 team or a mixed Year 9/10 team, depending on their grade level this year. Families are required to arrange transport to and from the venue on the day.

Family volunteers are also welcomed and encouraged to attend, please contact organising teacher Patrick Kien to register your interest via: patrick.kien@ed.act.edu.au

Learners should wear appropriate attire for games and suitable footwear. Please ensure they have a refillable water bottle and enough food for their day.

EXCURSION DATE:	Friday 7th March 2025 (Term 1, Week 5)
VENUE:	Lyneham Beach Volleyball Facility, Thurbon Street, Lyneham
TRAVEL ARRANGEMENTS:	Families are responsible for transporting learners to and from the venue
DEPARTURE & RETURN TIMES:	Please arrive by no later than 8:30am Please collect learners between 2:30 and 3:00pm
COST:	\$10 per learner, payable to Evelyn Scott School
LEARNERS ATTENDING:	Selected learners in Years 7 to 10
STAFF ATTENDING:	Patrick Kien and Justin Pronin
WHAT TO BRING:	Suitable sportswear for games and appropriate shoes. Learners should also bring a refillable water bottle and enough food/snacks for the day
NOTE & PAYMENT DUE BY:	Please return permission notes and payment by Thursday 6th March 2025. Learners without written permission will not be able to participate

***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 and 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

YEAR 7-10 BEACH VOLLEYBALL CARNIVAL

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 (preferred payment method)
- 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: **SECONDARY BEACH VOLLEYBALL** 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: _____			