

2 Bielski Street, Denman Prospect, ACT 2611

Phone: 02 6142 3491

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

2023 ACT Secondary Schools Chess Teams - South Canberra Zone

DESCRIPTION:

Learners in Years 7 to 10 are invited to compete in the ACT Secondary Schools Chess event, held at Melrose High School on Friday the 9th June 2023. This event is open to all senior campus learners at Evelyn Scott School.

This links to the Health and Physical Education curriculum, targeting the Achievement Standards of Year 7 & 8: apply personal and social skills to establish and maintain respectful relationships and promote safety, fair play and inclusivity.

Year 9 & 10: demonstrating leadership, fair play and cooperation across a range of movement and health contexts.

DATE:	Friday 9th June 2023 (Term 2, Week 7) from 9am to 3pm	
VENUE:	Melrose High School, Marr St, Pearce ACT	
TRAVEL ARRANGEMENTS:	Parents and Carers to arrange learner transport to and from the venue	
DEPARTURE & RETURN TIMES:	Learners should arrive at the venue from 8:30am for a 9:00 am start and are scheduled to finish at 3:00pm. Parents will be informed ahead of time if the event is likely to finish prior to 3:00pm	
COST:	Cost is \$15 per student	
CLASSES ATTENDING:	Selected Learners in Years 7 to 10	
STAFF ATTENDING:	Patrick Kien	
WHAT TO BRING:	Students should wear school uniform and bring food and water for the day	
NOTE & PAYMENT DUE BY:	Please return all notes and payment by Monday 5th June, 2023 Please note, students will be unable to attend the excursion without signed parent/carer 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,

Patrick Kien

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STUDENT NAME:	CLASS:
I hereby consent to my child attending the above Evely Please check the appropriate boxes:	n Scott School excursion.
$\hfill \square$ I have read and understand the attached information page for arrangements.	or the event and I consent to the payment and travel
☐ I agree to my child participating in the activities associated discussed with my child the need for expected behaviour on th arrangements for the welfare of my child (including medical or the associated costs. I have provided to the school all medical excursion	is excursion. I authorise the school to make surgical treatment) in an emergency and I agree to mee
☐ The Medical Information and consent form only needs to be there are changes to the details on this form. Are there any cha	
If yes, an updated Medical Information and Consent Form is recoffice).	uired to be completed (available through the front
\hfill Will your child require medication to be administered during Yes No	the excursion (e.g. allergy medication, pain relief)?
If yes, please complete a Medication Authorisation and Adminis	stration Record (available through the front office).
\Box Is there any additional information you need to provide to surves No	pport your child's participation in this excursion?
PARENT NAME:	SIGNATURE:
DATE: CONTACT PHONE NUM	IBER:
PAYMENT OPTIONS: 2023 ACT Secondary Scho	ols Chess Teams - South Canberra Zone
Pay via QuickWeb: https://www.evelynsco	ttschool.act.edu.au/Payment
If paying by QuickWeb, please include the cost code:	CHESS2023 as a reference for the event
· Pay over the phone by Credit Card/EFTPC	S (call the front office on 6142 3491)
· Credit/Debit Card (please fill in details bel	ow and return to the Front Office) AMOUNT: \$15
NAME ON CARD:	_ SIGNATURE:
STUDENT NAME:	CLASS: