



Evelyn
Scott
School

2 Bielski Street, Denman Prospect, ACT 2611

Phone: 02 6142 3491

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

CareersXpo Excursion - Year 9 and 10

DESCRIPTION:

Our Year 9 and 10 learners are invited to join the Canberra CareersXpo 2023! This year the CareersXpo will be highlighting the careers of the future. A career is a lifelong journey that starts much earlier than most people realise. Career Education in primary school is not about getting children to make decisions about what job, course or career they want to pursue. Instead, the focus of career education in primary schools should be on expanding children's horizons and encouraging them to discover multiple careers.

DATE:	Wednesday 9 August, 2023 (Term3, week 4)
VENUE:	Exhibition Park in Canberra (EPIC) Flemington Rd MITCHELL
TRAVEL ARRANGEMENTS:	Students will travel by bus to and from the venue
DEPARTURE & RETURN TIMES:	Bus departs Evelyn Scott School at 9:30am, returning at 1:00pm
COST:	Cost is \$9 per student (includes bus travel and venue entry)
CLASSES ATTENDING:	Year 9 and Year 10 learners
STAFF ATTENDING:	Marnie Lotts and Georgia McCall
WHAT TO BRING:	Students should bring: water bottle
NOTE & PAYMENT DUE BY:	Please return all notes and payment by Tuesday 1 August 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,

Marnie Lotts and Georgia McCall

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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: CareersXpo Excursion

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

If paying by Quickweb, please include the code: **CAREERSXPO** as reference

- Pay over the phone by Credit Card/EFTPOS (call the front office on 6142 3491)
- Credit/Debit Card (please fill in details below and return to the Front Office)

☐ VISA

☐ MASTERCARD

AMOUNT: \$9

EXP ____/____

NAME ON CARD: _____ SIGNATURE: _____

STUDENT NAME: _____ CLASS: _____