



Evelyn
Scott
School

2 Bielski Street, Denman Prospect, ACT 2611

Phone: 02 6142 3491

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

5/6 FUTSAL - PRIMARY SCHOOL GALA DAY

DESCRIPTION:

Evelyn Scott School will be entering a team of learners from Years 5 and 6 into the 2024 Capital Football Futsal Gala Day. This is a great opportunity for learners to develop their skills and enjoy a fun day with other primary school teams. Capital Football supports a Gala Day that is both fun and inclusive, with positivity and fair play encouraged throughout the day.

DATE:	Thursday August 8 2024
VENUE:	Lyneham Netball Center, 435 Northbourne Ave, Lyneham ACT 2602
TRAVEL ARRANGEMENTS:	Parents and Carers are required to transport learners to and from the venue
DEPARTURE & RETURN TIMES:	Please arrive at the venue by 8:00am Please collect learners from the venue at 2:30pm
COST:	Cost is \$10 per learner
CLASSES ATTENDING:	Selected learners from Years 5 and 6
STAFF ATTENDING:	Dean Pilton
WHAT TO BRING:	Learners should wear ESS school uniform and comfortable shoes appropriate for playing Futsal. Please ensure your child has warm clothing for in between games and enough food for the day. They will need their water bottle and shin pads (some spares will be available on the day).
NOTE & PAYMENT DUE BY:	Please return all notes and payment by Monday 5 August (Term 3, Week 3) <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,

Dean Pilton

dean.pilton@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

5/6 Fustal - PRIMARY SCHOOL GALA DAY

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: **\$10**

- Pay via QuickWeb: <https://www.evelynscottschool.act.edu.au/Payment>
If paying via QuickWeb, please include the cost code: 5-6 FUTSAL as a reference
- Pay over the phone or in person by Credit Card/EFTPOS by calling the front office on 6142 3491
- Please note ESS is unable to accept cash payments

Office Staff to complete:

Received by: _____

Date: _____

Payment made via: _____ Entered on SAS: