

THOMAS MITCHELL PRIMARY SCHOOL

2KS, 2IW and ½ of 2AB EXCURSION AUSTRALIAN CENTRE FOR THE MOVING IMAGE

7th September, 2017

Introduction/Links to Curriculum:

In Term 4, the Year 2 students will be visiting the Australian Centre for the Moving Image (ACMI) in Federation Square. On the day, they will be visiting ACMI Screen Worlds and will be involved in a production in one of the studios. As Media Arts is one of the subjects that the students will be learning in Semester 2, this will be a great opportunity to be introduced to new skills, gain knowledge of film making technologies and develop visual and digital literacy while creating amazing moving-image content.

Participants/Classes:	2KS, 2IW and ½ of 2AB
Date:	Monday 30 th October, 2017
Times:	Depart TMPS at 9.05am Arrive back at TMPS at 3.30pm
Venue/Address:	Australian Centre for the Moving Image, Federation Square, Melbourne
Travelling Arrangements:	Bus to and from the venue
Food Arrangements:	Snack and lunch including 2 disposable drinks in separate named disposable bags.
Cost:	\$33.50 (\$0.50 of which is subsidised by the school) <u>The cost up to \$33.00 is covered by the 'Essential Items – Excursion Levy' payment that all parents were requested to pay at the commencement of their child's school year.</u> A credit will be placed on the family account if absence notification is received prior to 13/10/17. If the student is absent on the day (e.g. due to illness) and the teacher had not been advised of the absence prior to 13/10/17, no refunds will be given as ACMI require payment prior to the excursion day.
Uniform:	All students must wear school uniform including a school hat.
Permission form:	To be returned by: Friday 13th October , 2017 Please note that both the school permission slip as well as the ACMI Child Participation and Licence Agreement, must be completed, signed and returned in order for the student to participate in this excursion.
Teacher in Charge:	Amy Brown

Amy Brown
Contact/Coordinating Teacher

John Hurley
Principal

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2KS, 2IW and ½ of 2AB EXCURSION – AUSTRALIAN CENTRE FOR THE MOVING IMAGE

I give permission for my child in class to participate in the above excursion on Monday 30th October, 2017.

I understand that the cost of \$33.00 is covered by the Excursion Levy payment I have made.

I have completed and signed the ACMI Child Participation and Licence Agreement

3 parent helpers are needed for this excursion. If you are available to assist on the day, please tick the box below. The teacher will be in contact prior to the excursion if you are required.

I am available as a parent helper on the day.

- If I am selected as a parent helper, or attend this activity, I hereby agree that I have read, and will abide by and inform any other family members or family friends attending, that the following information in relation to taking photographs, videos, or digital images (all of which are considered 'personal information' and therefore governed by the Information Privacy Act 2000) in relation to this activity:
 - If I intend to take photos, videos or digital images, they will only be of my child.
 - In consideration of the above, if there are other children in any photo/image I take, I will retain these images for personal use only.
 - Images (photo, video or digital) that I take, that may include children other than my own, will not be uploaded to any form of social media (facebook included), or reproduced or published for any purpose without the express written permission of those children's legal guardians.
 - If it is my intention to record images of my child, I will do so without obstruction to other people or my responsibility to children.

I hereby authorise the teacher in charge of this event, to consent, where it is impractical to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

My child has the following medical condition: and requires the following medication to be administered during this activity:

.....
(a medication form has been completed and submitted to school).

Parent Name: Phone:

Signed: Dated:

Contact for day of activity: Phone for day of activity: