

THOMAS MITCHELL PRIMARY SCHOOL

3RC, 3SC and ½ of 3HW EXCURSION – MELBOURNE MUSEUM

4th May, 2017

Introduction/Links to Curriculum:

As part of our Integrated Studies unit in Term 2, 'Community and Remembrance', the Year 3 students will be visiting the Melbourne Museum. Students will be participating in a staff-led program, 'Place and Culture', where they will use an iPad and the Book Creator app to create their own story about how the cultural practices of the First Peoples are represented in the exhibition. This will encourage them to discuss the knowledge, skills and practices that have been passed down over 2000 generations. They will also have the opportunity to explore the Melbourne Story, Dynamic Earth and Dinosaur Walk exhibitions.

Participants/Classes: 3RC, 3SC and ½ of 3HW

Date: Monday 22nd May, 2017

Times: Depart TMPS at 9.10am Arrive back at TMPS at 3pm

Venue/Address: Melbourne Museum, 11 Nicholson Street, Carlton

Travelling Arrangements: Bus to and from the venue

Food Arrangements: Snack and lunch including 2 disposable drinks in separate named disposable bags.

Cost: \$14.50

This cost 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. In the event your child does not participate (eg. due to illness) a credit will be placed against your family account.

Uniform: All students must wear school uniform.

Permission form: To be returned by: **Monday 15th May, 2017**

Teacher in Charge: Heather Whitty

Heather Whitty
Contact/Coordinating Teacher

John Hurley
Principal

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I give permission for my childin class
to participate in the above excursion on Monday 22nd May, 2017.

I understand that the cost of \$14.50 is covered by the Excursion Levy payment I have made.

5 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.

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: