

# THOMAS MITCHELL PRIMARY SCHOOL

## PREP ACTIVITY – THE HISTORY BOX BALLARAT ‘LIFE – THEN AND NOW’

18<sup>th</sup> May, 2017

### Introduction/Links to Curriculum:

As part of our Term 2 topic ‘My Past & My Families Past’ the Prep students will be involved in a History Box workshop focussing on ‘Life - Then and Now’. The students will learn about life in the past during different eras of time and learn to compare it to the life they lead now. Students will be involved in a hands on approach to learning by participating in experiences and activities that encourage them to think about history and link this new information to what we have learned throughout the term.

|                              |   |
|------------------------------|---|
| <b>Participants/Classes:</b> | <b>Prep DH, Prep HA, Prep LH, Prep MC and Prep PC</b>   |
| Date:                        | Tuesday 30 <sup>th</sup> May, 2017  |
| Times:                       | 9.10am to 10.40am – Prep DH, Prep PC and ½ of Prep LH<br>11.20am to 12.50pm – Prep HA, Prep MC and ½ of Prep LH   |
| Venue/Address:               | Thomas Mitchell Primary School – LOTE Mandarin Room   |
| Cost:                        | \$13.50<br><b><u>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.</u></b> 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: <b>Wednesday 24<sup>th</sup> May, 2017</b>   |

Danielle Howley  
Contact/Coordinating Teacher

John Hurley  
Principal

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### **THOMAS MITCHELL PRIMARY SCHOOL** **PREP ACTIVITY – THE HISTORY BOX BALLARAT ‘LIFE – THEN AND NOW’**

I give permission for my child .....in class .....  
to participate in the above activity on Tuesday 30<sup>th</sup> May, 2017.

I understand that the cost of \$13.50 is covered by the Excursion Levy payment I have made.

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.

Parent Name: ..... Phone: .....

Signed: ..... Dated: .....

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