

THOMAS MITCHELL PRIMARY SCHOOL

YEAR 1 – LA TROBE WILDLIFE SANCTUARY

10th August, 2017

Introduction/Links to Curriculum:

As part of our Term 3 unit 'Schoolyard Safari', Year 1 students will be visiting La Trobe Wildlife Sanctuary to participate in their Minibeasts Wonderland program. Students will be taking part in 5 rotational activities throughout the day where they will be able to closely observe minibeasts in their natural habitat.

Participants/Classes: 1AL, 1JR, 1JW, 1JX and 1SB

Date: Tuesday 29th August, 2017

Times: Depart TMPS at 9.15am Arrive back at TMPS at 3pm

Venue/Address: La Trobe Wildlife Sanctuary, La Trobe University, La Trobe Avenue, Bundoora

Travelling Arrangements: Bus to and from the venue

Food Arrangements: Snack and lunch including 2 drinks in 2 sealed containers. Please do not bring packed lunches in loose plastic bags.

Cost: \$24.50

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 and suitable footwear (e.g. runners). Students are to bring a raincoat or jacket in case of inclement weather.

Permission form: To be returned by: **Wednesday 23rd August, 2017**

Teacher in Charge: Sara Berardo

Sara Berardo
Contact/Coordinating Teacher

John Hurley
Principal

THOMAS MITCHELL PRIMARY SCHOOL – YEAR 1 EXCURSION – LA TROBE WILDLIFE SANCTUARY

I give permission for my childin class
to participate in the above excursion on Tuesday 29th August, 2017.

I understand that the cost of \$24.50 is covered by the Excursion Levy payment I have made.

10 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: