

THOMAS MITCHELL PRIMARY SCHOOL

YEAR 5 EXCURSION – MELBOURNE ZOO

24th August, 2017

Introduction/Links to Curriculum:

In Term 3, Year 5 students will be exploring the Science unit 'Desert Survivors', as a part of our unit students will be visiting Melbourne Zoo. Students will be investigating the adaptations that animals make to their environment, and how they continue to learn and adjust to new environments due to the changing climate of the world at the Melbourne Zoo education centre. Students will also have the opportunity to explore the Melbourne Zoo on the day with their class and classroom teacher.

Participants/Classes:	5CI, 5JC, 5OB, 5SP and 5TP
Date:	Friday 8 th September, 2017
Times:	Depart TMPS at 9.15am Arrive back at TMPS at 3pm
Venue/Address:	Melbourne Zoo, Elliott Avenue, Parkville
Travelling Arrangements:	Bus to and from the venue
Food Arrangements:	Snack and lunch including 2 disposable drinks in separate named disposable bags.
Cost:	\$28.50 <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> 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. They must bring a raincoat for inclement weather.
Permission form:	To be returned by: Monday 4th September, 2017
Teacher in Charge:	Tara Purdy

Tara Purdy
Contact/Coordinating Teacher

John Hurley
Principal

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I give permission for my child in class
to participate in the above excursion on Friday 8th September, 2017.

I understand that the cost of \$28.50 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.
(If selected as a helper I will not take photos of any student, nor will I upload to any form of social media, etc).

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: