

THOMAS MITCHELL PRIMARY SCHOOL

1AB 1SC and ½ of 1JX EXCURSION ROYAL BOTANIC GARDENS AND IMAX

12th September, 2019

Introduction/Links to Curriculum:

As part of our Term 4 unit 'Schoolyard Safari', Year 1 students will be visiting the Royal Botanic Gardens to participate in their minibeast program. Students will take part in two rotational activities before going to IMAX to view a film about minibeasts called 'Mighty Micro Monsters'.

Participants/Classes: 1AB, 1SC and half of 1JX

Date: Friday 25th October, 2019

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

Venue/Address: Royal Botanic Gardens (Melbourne), Birdwood Avenue, Melbourne
IMAX Melbourne, Rathdowne Street, Carlton South

Travelling Arrangements: Bus to and from the venue

Food Arrangements: Please bring your own snack and lunch including 2 disposable drinks in separate named disposable bags.

Cost: \$32.50

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. A full credit will be placed on the family account if absence notification is received prior to 21/10/19. 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 21/10/19, a partial credit of \$20.65 will be given as the Royal Botanic Gardens require confirmation of participation numbers prior to the excursion day.

Uniform: All students must wear school uniform including a school hat. They must bring a raincoat for inclement weather. Sunscreen is recommended.

Permission form: To be returned by: **Monday 21st October, 2019.**

Teacher in Charge: Amy Brown

Jessica Rawlings
Contact/Coordinating Teacher

John Hurley
Principal

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1AB 1SC and half of 1JX EXCURSION – ROYAL BOTANIC GARDENS AND IMAX

I give permission for my childin class
to participate in the above excursion on Friday 25th October, 2019.

I understand that the cost of \$32.50 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: