

# THOMAS MITCHELL PRIMARY SCHOOL

## 3IW and 3DF ACTIVITY

### WRITE AWAY WITH ME - WRITING WORKSHOP

1<sup>st</sup> August, 2019

#### **Introduction/Links to Curriculum:**

As part of our Writing unit in Term 3, the Year 3 students will be participating in an in-house activity from Write Away With Me called 'Choose Your Own Adventure'. Using Beth Cregan's guidance, the students will have the opportunity to create their own stories over 2 sessions before being given time in class to complete their writing. Students will choose from a variety of different characters, settings and problems while revising story structure and character development.

#### **Participants/Classes:**

**3IW and 3DF**

#### **Date:**

Tuesday 20<sup>th</sup> August, 2019

#### **Times:**

9.10am to 10.40am – 3IW in Room 25  
11.15am to 12.45pm – 3DF in Room 24

#### **Venue/Address:**

Thomas Mitchell Primary School – Year 3 classrooms

#### **Cost:**

\$13.00

**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: **Tuesday 13<sup>th</sup> August, 2019**

Anna Chan  
Contact/Coordinating Teacher

John Hurley  
Principal

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#### **THOMAS MITCHELL PRIMARY SCHOOL**

#### **3IW and 3DF ACTIVITY – WRITE AWAY WITH ME – WRITING WORKSHOP**

I give permission for my child .....in class .....  
to participate in the above activity on Tuesday 20<sup>th</sup> August, 2019.

I understand that the cost of \$13.00 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: .....