

THOMAS MITCHELL PRIMARY SCHOOL

4SB EXCURSION – WERRIBEE OPEN RANGE ZOO

8th August, 2019

Introduction/Links to Curriculum:

The Year 4s will participate in an exciting adventure at the Werribee Open Range Zoo. Students will take a trip to the African savannah, engage in hands-on activities and discover the features African predators need to hunt successfully, and the adaptations prey have developed to give them a fighting chance. Students will get a chance to observe the incredible African predator and prey up-close, learn how to group animals based on their diet and discover how animals rely on their senses, each other and their environment to survive. This excursion is directly linked to the Year 4's Geography Unit 'Sustainable Earth'.

Participants/Classes:	4SB
Date:	Monday 26 th August, 2019
Times:	Depart TMPS at 9.05am Arrive back at TMPS at 3pm
Venue/Address:	Werribee Open Range Zoo, K Road, Werribee South
Travelling Arrangements:	Bus to and from the venue
Food Arrangements:	Students will need to bring snack and lunch including a drink bottle clearly labelled in a small backpack.
Cost:	\$36.00 <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: Tuesday 20th August, 2019
Teacher in Charge:	Sara Berardo

Sara Berardo
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 Monday 26th August, 2019.

I understand that the cost of \$36.00 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 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: