

THOMAS MITCHELL PRIMARY SCHOOL

PREP EXCURSION – MELBOURNE ZOO

12th September, 2019

Introduction/Links to Curriculum:

As part of our Term 4 topic, 'Staying Alive', the Prep students will be visiting Melbourne Zoo. During the visit, students will have the opportunity to observe a range of animals in their habitat. They will make links to what they have been learning about in the classroom and how animals require certain things, such as, food, shelter and water to stay alive.

Participants/Classes:	Prep DH, Prep MC, Prep PC and Prep SK
Date:	Tuesday 22 nd October, 2019
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:	Please bring your own snack and lunch including 2 disposable drinks in separate named disposable bags.
Cost:	\$30.50 <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, including a school hat. They must bring a raincoat for inclement weather. Sunscreen is recommended.
Permission form:	To be returned by: Wednesday 16th October, 2019
Teacher in Charge:	Danielle Howley

Danielle Howley
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 Tuesday 22nd October, 2019.

I understand that the cost of \$30.50 is covered by the Excursion Levy payment I have made.

12 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:

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(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: