

THOMAS MITCHELL PRIMARY SCHOOL

YEAR 4 ACTIVITY – GREEN HAT ‘PLANKS’ WORKSHOP

22nd August, 2019

Introduction/Links to Curriculum:

In Term 4, Year 4 students will have the opportunity to participate in the ‘Green Hat Planks’ Workshop. Green Hat Workshops will give students the opportunity to develop an understanding of scientific concepts of everyday life and further develop their scientific vocabulary. It will also explore the children’s understandings of the scientific forces at work and their wider uses in our world.

The plank building workshop will also offer students the opportunity to work collaboratively. As the students construct structures with the planks, it will help students build their communication skills, problem solving skills and creativity in a team environment. Students will also learn how persistence and adaptability can be used when faced with challenging tasks. The workshop will be an opportunity for students to become engineers and inventors of fantastic structures.

Participants/Classes: 4NW, 4OB, 4SB, 4SP and 4TG

Date: Wednesday 11th September, 2019

Times: 9.10am to 10.40am – 4SP and 4SB
11.15am to 12.45pm – 4OB and 4NW
2pm to 3.30pm – 4TG

Venue/Address: Thomas Mitchell Primary School – Gym

Cost: \$6.00
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: **Thursday 5th September, 2019**

Sara Berardo
Contact/Coordinating Teacher

John Hurley
Principal

THOMAS MITCHELL PRIMARY SCHOOL – YEAR 4 ACTIVITY – GREEN HAT ‘PLANKS’ WORKSHOP

I give permission for my childin class
to participate in the above activity on Wednesday 11th September, 2019.

I understand that the cost of \$6.00 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 deemed necessary.

Parent Name: Phone:

Signed: Dated:

Contact for day of activity: Phone for day of activity: