

# THOMAS MITCHELL PRIMARY SCHOOL

## YEAR 5 ACTIVITY

### INCURSIONS R US 'HIP HOP DANCE' WORKSHOP

20<sup>th</sup> June, 2019

#### Introduction/Links to Curriculum:

As part of our Dance Curriculum, students are required to explore movement possibilities and choreographic devices throughout dance. In order to accommodate this, the Year 5 Students will be taking part in a Hip Hop dance workshop where they will explore the origins of Hip Hop, music and movement. Students will participate in an interactive dance session where they will learn simple Hip Hop moves, as well as the meaning behind such movements. The session will conclude with students participating in a choreographed dance sequence.

**Participants/Classes:** 5JC, 5JR, 5MR, 5RA and 5RC

**Date:** Monday 29<sup>th</sup> July, 2019

**Times:** 9.40am – 10.40am – 5JC, 5RC and ½ of 5MR  
11.10am – 12.10pm – 5JR, 5RA and ½ of 5MR

**Venue/Address:** Thomas Mitchell Primary School – Room 18/19

**Cost:** \$8.00

**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.** \*\*As payment for this activity is required prior to the day of the activity, in the event your child does not participate (eg. due to illness) NO REFUNDS will be given unless we receive notice from parents of their child's absence PRIOR TO 19<sup>th</sup> July 2019.

**Uniform:** All students must wear school uniform.

**Permission form:** To be returned by: **Tuesday 23<sup>rd</sup> July, 2019**

Melissa Reid  
Contact/Coordinating Teacher

John Hurley  
Principal

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#### **THOMAS MITCHELL PRIMARY SCHOOL** **YEAR 5 ACTIVITY – INCURSIONS R US 'HIP HOP DANCE' WORKSHOP**

I give permission for my child .....in class .....  
to participate in the above activity on Monday 29<sup>th</sup> July, 2019.

I understand that the cost of \$8.00 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: .....