

THOMAS MITCHELL PRIMARY SCHOOL

YEAR 5 ACTIVITY

PROJECT ROCKIT

'STEP UP: LAUNCHING EVERYDAY LEADERSHIP' WORKSHOP

12th September, 2019

Introduction/Links to Curriculum:

At the beginning of the year, the Year 5 students reflected on our school values, 'Caring, Connected and Courageous'. Over the course of the year, students have continued to make connections to these values, and as a result have deepened their relationships within the classroom and wider school community.

In order to explore these skills further, and also learn new strategies, students will participate in the 'Project Rockit' workshop. This workshop will provide students the opportunity to connect with other students in a range of scenarios by exploring social challenges they may face. Moreover, students will be provided with an insight into the qualities and skills required for leadership positions; valuable skills that students can apply to house captain and school captaincies.

Participants/Classes: 5JC, 5JR, 5BR, 5RA and 5RC

Date: Monday 14th October, 2019

Times: 9.10am – 10.40am – 5JC, 5RA and ½ of 5JR

11.10am – 12.40pm – 5RC, 5BR and ½ of 5JR

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

Cost: \$12.50

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 8th October, 2019**

Joe Rasasane
Contact/Coordinating Teacher

John Hurley
Principal

THOMAS MITCHELL PRIMARY SCHOOL

YEAR 5 ACTIVITY – PROJECT ROCKIT 'STEP UP: LAUNCHING EVERYDAY LEADERSHIP' WORKSHOP

I give permission for my childin class
to participate in the above activity on Monday 14th October, 2019.

I understand that the cost of \$12.50 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: