

THOMAS MITCHELL PRIMARY SCHOOL

Thomas Mitchell Drive, Endeavour Hills, 3802. Ph: 9706 2254

Email: thomas.mitchell.ps@education.vic.gov.au

2SC / 2AS / 2SK IN-HOUSE ACTIVITY HANDS ON SCIENCE 'HOW OBJECTS MOVE'

12th May, 2022

INTRODUCTION/LINKS TO CURRICULUM:

The Year 2 students have an opportunity to participate in a session run by Hands on Science titled 'How Objects Move', as part of their Term 2 inquiry unit 'Push and Pull'. Students can take part in experiments where they will be able to investigate how objects move and how forces affect movement.

Participants/Classes:	2SC, 2AS and 2SK
Date:	Monday 30 th May, 2022
Times:	9am – 10.30am – 2AS and ½ of 2SC 11.10am – 12.40pm – 2SK and ½ of 2SC
Venue/Address:	Thomas Mitchell Primary School – LOTE Mandarin Room
Cost:	\$11.50 Please do not forward cash to school. Payment can be made electronically by logging onto the Sentral Parent Portal and going to the payments section or phoning/visiting the office and paying via EFT.
Uniform:	Full school uniform
Permission form:	To be returned by: Tuesday 24th May, 2022

Sharon Chan
Contact/Coordinating Teacher

Kathie Arnold
Principal

**THOMAS MITCHELL PRIMARY SCHOOL
2SC / 2AS / 2SK IN-HOUSE ACTIVITY
HANDS ON SCIENCE 'HOW OBJECTS MOVE'**

I give permission for my child in class
to participate in the above activity on Monday 30th May, 2022.

In signing below I agree to make payment by one of the following methods (please indicate):

- Make electronic payment of \$11.50 via the Sentral Parent Portal App or visiting/phoning the office and paying via EFT by Tuesday 24th May to cover the cost of participating in the above excursion.
- I have Camps, Sports and Excursion Funding (CSEF) and would like to use this credit to pay for this excursion cost.
- I have credits on my family account (for previous year unused payments or credits) and would like to use this to cover this excursion cost.

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: