

THOMAS MITCHELL PRIMARY SCHOOL

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YEAR 3 EXCURSION SCIENCEWORKS

28th July, 2022

INTRODUCTION/LINKS TO CURRICULUM:

This term, the Year 3 students are learning about the rotation of the earth and how this controls the way we experience day and night. During our visit to Scienceworks, students will walk through and see various exhibits. They will then participate in the 'Earth, Moon and Sun' workshop and experience 'Tilt' in the Planetarium.

Participants/Classes:	3JR, 3JX, 3PR and 3TV
Date:	Friday 19 th August, 2022
Times:	Depart TMPS at 9.00am Arrive back at TMPS at 3.00pm
Venue/Address:	Scienceworks 2 Booker Street, Spotswood
Travelling Arrangements:	Bus to and from the venue
Food Arrangements:	Snack and lunch including a drink bottle in separate named disposable bags
Cost:	\$34.00 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.
Uniform:	All students must wear full school uniform. Students are NOT to bring bags/backpacks.
Permission form:	To be returned by: Monday 15th August, 2022. If your child's permission note and payment is not received by 4.00pm on the due date they will not be able to participate in this activity.
Teacher in Charge:	Jane Xu

Jane Xu
Contact/Coordinating Teacher

Giselle Cassar
Acting Principal

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YEAR 3 EXCURSION – SCIENCEWORKS

I give permission for my child
in class to participate in the above excursion on Friday 19th August, 2022.

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

- Make electronic payment of \$34.00 via the Sentral Parent Portal App **by 4.00pm, Monday 15th August** 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.

My child has the following medical condition:

and requires the following medication to be administered during this activity:

.....

(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:

Eight parent helpers are needed for this excursion. If you are available to assist on the day, please complete the box below. The teacher will be in contact prior to the excursion if you are required.

- I am available as a parent helper (Parent Name)
- I have a valid Working With Children Check card and have nominated Thomas Mitchell Primary School as my "Employer". WWC Card Expiry Date is:
- I understand the teacher will contact me regarding my offer of assistance, induction and to verify my Working With Children Check and vaccination status.
- I understand that if I am an observer of the event, and intend to take photos/digital images, they will be only of my child, and not contain other children. Photos and digital images are considered personal information and governed by the Privacy Act in relation to the event. In consideration of this, I will not upload any images to social media of any student other than my own.