**THOMAS MITCHELL PRIMARY SCHOOL**

**YEAR 1 EXCURSION – COMMUNITY WALK**

11th February, 2016

**Introduction/Links to Curriculum:**

As our investigations this term have been based around ‘Our Community’, the students in Year 1 will be taking a walk around the immediate area of Thomas Mitchell Primary School to look at the natural and built environment, traffic safety and facilities in the community. We will not be crossing any major roads on this walk and the students will be closely monitored at all times. During our walk we would like the students to post a letter to their family to assist their understanding of the postal service. In order to facilitate this we would appreciate it if each student could bring a stamped, self-addressed envelope to school by Wednesday 24th February. (N.B. The price of a stamp is $1 for a 3 – 4 day delivery)

Participants/Classes: 1IW, 1JW, 1JX, 1NW and 1SB

Date: Wednesday 2nd March, 2016

The activity will be postponed in the event of inclement weather.

Times: 9.15am – 10.40am

Venue/Address: Immediate area around Thomas Mitchell Primary School, (walking up Thomas Mitchell Drive, turning right onto Singleton Drive, stopping at the post box in front of the milk bar, walking around to the playground in Singleton Oval, returning through the oval to TMPS)

Cost: There is no cost for this activity.

Uniform: All students must wear school uniform including a school hat. Sunscreen is also recommended.

Permission form: To be returned by: Friday 26th February, 2016

Teacher in Charge: Sara Berardo

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**THOMAS MITCHELL PRIMARY SCHOOL - YEAR 1 EXCURSION - COMMUNITY WALK**

I give permission for my child ……………………………………………………………………………………………… in class ……………………

to participate in the above activity on Wednesday 2nd March, 2016.

☐ I understand that there is no cost for this excursion.

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

☐ I am available as a parent helper on the day.

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: ……………………………………….