**THOMAS MITCHELL PRIMARY SCHOOL**

**1PC and 1JW ACTIVITY**

**WRITE AWAY WITH ME ‘THE IDEAS FACTORY’ WORKSHOP**

*6th October, 2016*

**Introduction/Links to Curriculum:**
As part of our Literacy program in Term 4, the Year 1 students will be visited by Beth Cregan from ‘Write Away With Me’. They will participate in a 90 minute writing workshop titled ‘The Ideas Factory’. This workshop will combine drawing and writing to kick start creativity and generate original story ideas. Students will create story maps, develop characters and learn the art of writing effective story books. They will also be introduced to many aspects of narrative writing such as rising and falling action, setting, character and plot development. The students will each receive a special writing pencil to use during the workshop. This pencil will then become their ‘special pencil’ to use during their weekly Big Write sessions.

**Participants/Classes:** 1PC and 1JW

**Date:** Wednesday 26th October, 2016

**Times:**
- 9.10am to 10.40am – 1PC in Room 31
- 11.10am to 12.40pm – 1JW in Room 30

**Venue/Address:** Thomas Mitchell Primary School

**Cost:** $13.00

*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.* 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: **Monday 17th October, 2016**

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Sara Berardo
Contact/Coordinating Teacher

John Hurley
Principal

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**THOMAS MITCHELL PRIMARY SCHOOL**

**1PC and 1JW ACTIVITY – WRITE AWAY WITH ME ‘THE IDEAS FACTORY’ WORKSHOP**

I give permission for my child .................................................................to participate in the above activity on Wednesday 26th October, 2016.

☐ I understand that the cost of $13.00 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: .................................................................