

THOMAS MITCHELL PRIMARY SCHOOL

EXCURSION ADVICE

Interschool Sports – Blue Team – Term 2 2017

Each Friday Year 6 students will participate in Interschool Sports with our neighbouring schools. The games are Volley stars, tee ball, netball, soccer, handball divided into two teams, Blue Team and Gold Team. Your child has been allocated to Blue Team. Below is a list of the team draws and where they will be playing. We will remind you each week in the newsletter of the games to be played. Games may be subject to change.

Friday 28 th April	Mossgiel Park (Maroon) Vs. Thomas Mitchell (Blue)	Away
Friday 5 th May	Curriculum Day	
Friday 12 th May	Narre Warren North Vs. Thomas Mitchell (Blue)	Away
Friday 19 th May	James Cook Vs. Thomas Mitchell (Blue)	Away
Friday 26 th May	Maranatha Vs. Thomas Mitchell (Blue)	Away
Friday 23 rd June	Thomas Mitchell (Blue) Vs. Fleetwood	Home

Travel arrangements: Students will travel by bus to away matches. Bus costs are shared between participating schools.

Cost: **\$10.00 for Term 2 Interschool Sports Bus Travel.** Payment is requested to be sent to school by Thursday 27th April, together with the permission form below.
All children in year 6 are expected to participate in this program, which is essential to the school's curriculum.

Uniform: All students must wear school uniform. We recommend drink bottles & sunscreen be brought to each game. It is also recommended that students wear mouthguards.

Permission form: To be returned by: **Thursday 27th April 2017**

Olivia Goder
Sports Coordinator

John Hurley
Principal

THOMAS MITCHELL PRIMARY SCHOOL **Year 6 Interschool Sport Term 2, 2017 - Blue Team**

I give permission for my childin class
to participate in Interschool Sports for term 2, 2017 in Blue Team. I understand that the students will be travelling by bus to away games and that the cost will be **\$10.00** for Term 2 only.

I understand that the cost of **\$10.00** is for bus travel, **and is enclosed with this permission form.**

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

My child will require the following medication during this activity (and a completed medical form has been completed and returned to school).

Parent Name: Phone:

Signed: Dated:

Contact for day of excursions: Phone for day of excursions: