

THOMAS MITCHELL PRIMARY SCHOOL

YEAR 2 EXCURSION – MELBOURNE MUSEUM AND IMAX

27th July, 2017

Introduction/Links to Curriculum:

As part of our Term 3 Science unit, 'Watch it grow', the students will be visiting the IMAX Theatre and Melbourne Museum. At the Melbourne Museum, the students will visit the 'Bugs Alive' exhibition and the 'Wild' exhibition as well as general viewing in other galleries. At IMAX, they will watch the 3D movie 'Flight of the Butterflies'.

Participants/Classes:	2AB, 2DF, 2KS, 2IW and 2WR
Date:	Monday 14 th August, 2017
Times:	Depart TMPS at 9.15am Arrive back at TMPS at 3pm
Venue/Address:	Melbourne Museum, 11 Nicholson Street, Carlton IMAX Melbourne, Rathdowne Street, Carlton
Travelling Arrangements:	Bus to and from the venue
Food Arrangements:	Snack and lunch including 2 disposable drinks in separate named disposable bags.
Cost:	\$22.00 <u>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.</u> 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: Tuesday 8th August, 2017
Teacher in Charge:	Amy Brown

Amy Brown
Contact/Coordinating Teacher

John Hurley
Principal

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I give permission for my child in class
to participate in the above excursion on Monday 14th August, 2017.

I understand that the cost of \$22.00 is covered by the Excursion Levy payment I have made.

5 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.

- If I am selected as a parent helper, or attend this activity, I hereby agree that I have read, and will abide by and inform any other family members or family friends attending, that the following information in relation to taking photographs, videos, or digital images (all of which are considered 'personal information' and therefore governed by the Information Privacy Act 2000) in relation to this activity:
 - If I intend to take photos, videos or digital images, they will only be of my child.
 - In consideration of the above, if there are other children in any photo/image I take, I will retain these images for personal use only.
 - Images (photo, video or digital) that I take, that may include children other than my own, will not be uploaded to any form of social media (facebook included), or reproduced or published for any purpose without the express written permission of those children's legal guardians.
 - If it is my intention to record images of my child, I will do so without obstruction to other people or my responsibility to children.

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: