

# THOMAS MITCHELL PRIMARY SCHOOL

**\* RESCHEDULED \***

## **YEAR 3 EXCURSION – MOONLIT SANCTUARY**

10<sup>th</sup> August, 2017

### **Introduction/Links to Curriculum:**

As part of our Integrated Studies unit in Term 3, 'Feather, Fur and Leaves', the Year 3 students will be visiting Moonlit Sanctuary. They will participate in workshops where they will learn about many special animals that inhabit our continent. The activities include: Struts, Slithers and Slides, Birds of a Feather, Mammal Mingle, Wallaby Walk and Environmental Games. Students will meet a range of animals, learn about their needs, features, conservation status and lifecycles. They will also learn about the threats and explore ways they can help species in the wild.

<b>Participants/Classes:</b>	<b>3AS, 3AY, 3HW, 3RC and 3SC</b>
<b>Date:</b>	Monday 28 <sup>th</sup> August, 2017
<b>Times:</b>	Depart TMPS at 9.15am                      Arrive back at TMPS at 3pm
<b>Venue/Address:</b>	Moonlit Sanctuary, 550 Tyabb-Tooradin Rd, Pearcedale
<b>Travelling Arrangements:</b>	Bus to and from the venue
<b>Food Arrangements:</b>	Snack and lunch including 2 disposable drinks in separate named disposable bags.
<b>Cost:</b>	\$20.50 <b><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></b> In the event your child does not participate, a full credit will only be given if the teacher has been advised of the student's non-attendance by the permission due date. If the student is absent on the day (e.g. due to illness) and the teacher had not been advised of the absence prior to 22/8/17, a partial credit of \$7.00 will be placed on the family account as Moonlit Sanctuary require confirmation of numbers prior to the excursion day.
<b>Uniform:</b>	All students must wear school uniform, including enclosed shoes. They must bring a raincoat for inclement weather.
<b>Permission form:</b>	To be returned by: <b>Tuesday 22<sup>nd</sup> August, 2017</b>
<b>Teacher in Charge:</b>	Heather Whitty

Heather Whitty  
Contact/Coordinating Teacher

John Hurley  
Principal

**THOMAS MITCHELL PRIMARY SCHOOL – RESCHEDULED – YEAR 3 EXCURSION – MOONLIT SANCTUARY**

I give permission for my child ..... in class .....  
to participate in the above excursion on Monday 28<sup>th</sup> August, 2017.

- I understand that the cost of \$20.50 is covered by the Excursion Levy payment I have made.

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.

- 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: .....