

THOMAS MITCHELL PRIMARY SCHOOL

YEAR 3 ACTIVITY

THE IMMERSION ROOM 'CHINESE ACROBATIC EXPERIENCE'

12th October, 2017

Introduction/Links to Curriculum:

As part of our Integrated Studies unit in Term 4, 'Australia and its Neighbours', the Year 3 students will take part in a Chinese Acrobatic Experience. This workshop will teach students that Chinese acrobatics is an art extracted from skills in daily life, work and martial arts. Students will be given a chance to experience traditional dance, costumes, music and theatrical techniques, such as: riding a balance bike, plate spinning and handkerchief dance. This will give the students an opportunity to understand a special art form from China, one of Australia's neighbouring countries.

Participants/Classes: 3AS, 3AY, 3HW, 3RC and 3SC

Date: Monday 30th October, 2017

Times: 9am to 9.50am – 3AY
9.50am – 10.40am – 3AS
11.10am – 12noon – 3SC
12noon – 12.50pm – 3HW
2pm – 2.50pm – 3RC

Venue/Address: Thomas Mitchell Primary School – ELC Artificial Grass Area

Cost: \$10.00
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: **Tuesday 24th October, 2017**

Heather Whitty
Contact/Coordinating Teacher

John Hurley
Principal

THOMAS MITCHELL PRIMARY SCHOOL **YEAR 3 ACTIVITY – THE IMMERSION ROOM 'CHINESE ACROBATIC EXPERIENCE'**

I give permission for my childin class
to participate in the above activity on Monday 30th October, 2017.

I understand that the cost of \$10.00 is covered by the Excursion Levy payment I have made.

If I attend this activity, I will not take photos of any student, nor will I upload to any form of social media etc

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: