

# THOMAS MITCHELL PRIMARY SCHOOL

## YEAR 5 ACTIVITY – YES2YOGA

9<sup>th</sup> March, 2017

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

In Term 1, Year 5 students have been studying our Health unit, 'Healthy Mind, Healthy Life'. As part of our inquiry unit students have investigated the three areas of health that defines their overall wellbeing. The students have looked at various scenarios that may affect their physical, social and mental health along with strategies to help their overall wellbeing.

Students have explored the idea of Yoga as a strategy to support all three areas of their health. The Yes2Yoga workshop that the students will participate in will allow them to experience a variety of yoga movements, mindfulness and promotion of good self-esteem and self-worth.

**Participants/Classes:** 5CI, 5JC, 5OB, 5SP and 5TP

**Date:** Friday 24<sup>th</sup> March, 2017

**Times:** 9am to 9.50am – 5JC, 1/3 of 5SP and 1/3 of 5TP  
9.50am to 10.40am – 5OB and 2/3 of 5SP  
11.10am to 12noon – 5CI and 2/3 of 5TP

**Venue/Address:** Thomas Mitchell Primary School – Room 18/19

**Cost:** \$3.00  
**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 20<sup>th</sup> March, 2017**

Tara Purdy  
Contact/Coordinating Teacher

John Hurley  
Principal

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### **THOMAS MITCHELL PRIMARY SCHOOL – YEAR 5 ACTIVITY – YES2YOGA**

I give permission for my child .....in class .....  
to participate in the above activity on Friday 24<sup>th</sup> March, 2017.

I understand that the cost of \$3.00 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: .....