

THOMAS MITCHELL PRIMARY SCHOOL

1AB, 1JX and 1RA – LA TROBE WILDLIFE SANCTUARY

1st November, 2018

Introduction/Links to Curriculum:

As part of our Term 4 unit 'Schoolyard Safari', Year 1 students will be visiting La Trobe Wildlife Sanctuary to participate in their Minibeasts Wonderland program. Students will be taking part in 4 rotational activities throughout the day where they will be able to closely observe minibeasts in their natural habitat.

Participants/Classes:	1AB, 1JX and 1RA
Date:	Tuesday 20 th November, 2018
Times:	Depart TMPS at 9.15am Arrive back at TMPS at 3pm
Venue/Address:	La Trobe Wildlife Sanctuary, La Trobe University, La Trobe Avenue, Bundoora
Travelling Arrangements:	Bus to and from the venue
Food Arrangements:	Snack and lunch including 2 drinks in 2 sealed containers. Please do not bring packed lunches in loose plastic bags.
Cost:	\$26.50 <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 and suitable footwear (e.g. runners) and bring a raincoat or jacket in case of inclement weather.
Permission form:	To be returned by: Monday 12th November, 2018
Teacher in Charge:	Amy Brown

Amy Brown
Contact/Coordinating Teacher

John Hurley
Principal

THOMAS MITCHELL PRIMARY SCHOOL – 1AB, 1JX and 1RA EXCURSION – LA TROBE WILDLIFE SANCTUARY

I give permission for my childin class
to participate in the above excursion on Tuesday 20th November, 2018.

I understand that the cost of \$26.50 is covered by the Excursion Levy payment I have made.

6 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 selected as a helper 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.

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: