

# THOMAS MITCHELL PRIMARY SCHOOL

## 1JR and 1SC – LA TROBE WILDLIFE SANCTUARY

1<sup>st</sup> 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.

<b>Participants/Classes:</b>	<b>1JR and 1SC</b>
Date:	Friday 16 <sup>th</sup> 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 <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 (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: <b>Monday 12<sup>th</sup> November, 2018</b>
Teacher in Charge:	Jessica Rawlings

Amy Brown  
Contact/Coordinating Teacher

John Hurley  
Principal

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### **THOMAS MITCHELL PRIMARY SCHOOL – 1JR and 1SC EXCURSION – LA TROBE WILDLIFE SANCTUARY**

I give permission for my child .....in class .....  
to participate in the above excursion on Friday 16<sup>th</sup> November, 2018.

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

4 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: .....