

# THOMAS MITCHELL PRIMARY SCHOOL

## 3SP, 3AS and 3AY ACTIVITY

### WRITE AWAY WITH ME - WRITING WORKSHOP

2<sup>nd</sup> August, 2018

#### Introduction/Links to Curriculum:

Choose Your Own Adventure is a creative writing workshop that puts the writer straight into the heart of the story. The Land of Imagination is under attack and the decisions these young writers make, and the options they choose, will determine exactly how their particular adventure story unfolds. The students will need to generate a host of creative ideas, as well as apply logic and higher order thinking skills to weave their way through the writing process and solve the problems that land before them. Both sides of the brain will get a workout here! Activities area designed to extend their creative writing and thinking skills, as well as inspire a love of language and storytelling.

**Participants/Classes:** 3SP, 3AS and 3AY

**Date:** Thursday 23<sup>rd</sup> August, 2018

**Times:** 9.10am to 10.40am – 3SP  
11.15am to 12.45pm – 3AS  
2pm to 3.30pm – 3AY

**Venue/Address:** Thomas Mitchell Primary School – Year 3 classrooms

**Cost:** \$11.00 (total cost is \$13.50 however \$2.50 is subsidised by the school)  
**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: **Thursday 16<sup>th</sup> August, 2018**

Anna Yin  
Contact/Coordinating Teacher

John Hurley  
Principal

---

#### **THOMAS MITCHELL PRIMARY SCHOOL**

#### **3SP, 3AS and 3AY ACTIVITY – WRITE AWAY WITH ME – WRITING WORKSHOP**

I give permission for my child .....in class .....  
to participate in the above activity on Thursday 23<sup>rd</sup> August, 2018.

I understand that the cost of \$11.00 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: .....