

Thomas Mitchell Primary School

Year 4-6 Excursion-Athletics Carnival 2018 RESCHEDULED DAY

Introduction/Links to Curriculum:

The 2018 Thomas Mitchell Primary School Athletics Carnival has been RESCHEDULED TO TUESDAY 29th MAY at Knox Athletics Track. We hope as many people as possible will feel welcome to join us in celebrating the improving fitness of all our children.

PLEASE NOTE, IF YOUR CHILD IS ENROLLED TO PARTICIPATE IN THE ICAS SCIENCE TEST, WE HAVE RECEIVED APPROVAL TO RESCHEDULE THE TEST TO WEDNESDAY 23rd MAY. PLEASE CONTACT MR REID IF YOU WISH TO DISCUSS THIS.

Participants/Classes: All year 4, 5 and 6 classes
Date: Tuesday 29th May 2018
Times: Depart TMPS: 9.15 am Arrive Back: 3.00 pm
Students need to be at school by 8.45 am

Venue/Address: Knox Athletics Track, Bunjil Way, Knoxfield VIC 3180 BY BUS

Food Arrangements: Snack and lunch in clearly labelled bags and a water bottle.
There will be no canteen facilities available on the day.

Cost: \$12.00
This cost is covered by the 'Essential Items Excursion Levy' payment requested at the commencement of this year.

The carnival is a part of the Physical Education curriculum. All children are expected to participate. In the event that your child is ill, a medical certificate must be supplied to receive credit of fees.

Uniform: Students will need appropriate footwear and will be allowed to dress in their house colour e.g. coloured t-shirt/shorts, ribbons in hair etc. However we do not want parents to go overboard or spend lots of money. Please re-use and recycle what you already have at home.

Permission form: To be returned by: **Friday 18th May 2018**

Teacher in Charge: Bec Williams

Bec Williams

Bec Williams, Contact/Coordinating Teacher

John Hurley, Principal

THOMAS MITCHELL PRIMARY SCHOOL – YEAR 4–6 EXCURSION, ATHLETICS CARNIVAL 2018

I give permission for my childin class
to participate in the above excursion on **Tuesday 29th May 2018**.

I understand that the cost of \$12.00 is covered by the Excursion Levy payment I have made.

I am able to help on the day

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).

Contact for day of excursion: Phone for day of excursion:

Signed: Dated: