

THOMAS MITCHELL PRIMARY SCHOOL

YEAR 1 ACTIVITY – WILD ACTION ‘INSECT-A-MANIA AND MINIBEASTS’

24th October 2018

Introduction/Links to Curriculum:

As part of our Term 4 science unit ‘Schoolyard Safari’, Wild Action will visit Year 1 students at school. Students will participate in a hands-on workshop titled ‘Insect-a-Mania’ where they will have the opportunity to meet, learn about and touch a variety of interesting insects. Students will also receive some toy bugs to take home.

Participants/Classes: 1AB, 1JR, 1JX, 1RA & 1SC

Date: Thursday 1st November 2018

Times: 9am to 9.50am – 1AB
9.50am to 10.40am – 1JR
11.10am to 12noon – 1JX
12noon to 12.50pm – 1RA
2pm to 2:50pm – 1SC

Venue/Address: Thomas Mitchell Primary School
Parent helpers are not required for this activity

Cost: \$16.50
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 for the amount of \$14.00 only. The remaining \$2.50 has been used to purchase toy bugs at a value of \$2.50 for each child. If your child is not in attendance on the day, they will still receive this portion of the activity upon their return.

Uniform: All students must wear school uniform.

Permission form: To be returned by: **Wednesday 31st October 2018**

Amy Brown
Contact/Coordinating Teacher

John Hurley
Principal

THOMAS MITCHELL PRIMARY SCHOOL **YEAR 1 ACTIVITY – WILD ACTION ‘INSECT-A-MANIA AND MINIBEASTS’**

I give permission for my childin class
to participate in the above activity on Thursday 1st November, 2018.

I understand that the cost of \$16.50 is covered by the Excursion Levy payment I have made. In the event my child is absent on the day, I will receive a \$14 credit only, as the remaining \$2.50 comprises toy bugs which my child will receive when they return to school.

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: