

THOMAS MITCHELL PRIMARY SCHOOL

YEAR 2 EXCURSION – MELBOURNE MUSEUM AND IMAX

13th September, 2018

Introduction/Links to Curriculum:

As part of our Term 4 Science unit, 'Watch it grow', the students will be visiting the IMAX Theatre and Melbourne Museum. The Melbourne Museum activities include General Viewing, the 'Bugs ALIVE!' exhibition and the 'Wild' exhibition. Students will get a chance to observe mini beasts and their life cycles. At IMAX, they will watch the 3D movie 'Flight of the Butterflies' which follows the migration of the Monarch Butterfly.

Participants/Classes:	2DF, 2KS, 2SS, 2TP and 2WR
Date:	Wednesday 17 th October, 2018
Times:	Depart TMPS at 9.15am Arrive back at TMPS at 3pm
Venue/Address:	Melbourne Museum, 11 Nicholson Street, Carlton IMAX Melbourne, Rathdowne Street, Carlton South
Travelling Arrangements:	Bus to and from the venue
Food Arrangements:	Snack and lunch including 2 disposable drinks in separate named disposable bags.
Cost:	\$19.00 <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 including a school hat.
Permission form:	To be returned by: Thursday 11th October, 2018
Teacher in Charge:	Tara Purdy

Tara Purdy
Contact/Coordinating Teacher

John Hurley
Principal

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I give permission for my child in class
to participate in the above excursion on Wednesday 17th October, 2018.

I understand that the cost of \$19.00 is covered by the Excursion Levy payment I have made.

5 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: