

THOMAS MITCHELL PRIMARY SCHOOL

YEAR 4 ACTIVITY – TERRARIUMS

13th September, 2018

Introduction/Links to Curriculum:

As part of our 'Plants in Action' unit, Year 4 students will be designing, building and creating their own terrarium. Through this process students will be developing their design and technology skills, as well as building on their knowledge of plants. Students will have to work out how to create a suitable and nutritious base for their terrarium and how to care for it to help the plants survive and grow. They will then monitor the progress and growth of their plants over the following weeks altering and watering their terrarium to create optimal conditions for plant growth.

Participants/Classes: 4CM, 4EH, 4NW, 4OB and 4SB

Date: Tuesday 23rd October, 2018

Times: During class time

Venue/Address: Outside Year 4 classrooms, Thomas Mitchell Primary School.
Parent helpers are not required for this activity.

Cost: \$6.50

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), NO REFUNDS will be given as all materials are purchased prior to the activity day. The teacher will create a terrarium on your child's behalf.

Note: The cost of this activity has increased from 2017. This year, bigger pots, more soil and equipment will be purchased so that the students can create a bigger terrarium compared to 2017.

Uniform: All students must wear school uniform.

Permission form: To be returned by: **Wednesday 17th October, 2018**

Sara Berardo
Contact/Coordinating Teacher

John Hurley
Principal

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I give permission for my childin class
to participate in the above activity on Tuesday 23rd October, 2018.

I understand that the cost of \$6.50 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: