

# THOMAS MITCHELL PRIMARY SCHOOL

## YEAR 4 ACTIVITY – THE ROOKEEPERS ‘THE WILDLIFE WORKS’

21<sup>st</sup> June, 2018

### Introduction/Links to Curriculum:

As part of our Integrated Studies unit ‘Here Today, Gone Tomorrow’, Year 4 students will be participating in an in-house activity called ‘The Rookeepers - The Wildlife Works’. Students will have the chance to get up close to many Australian animals and learn about their adaptations that help them survive in the wild, and the importance of saving endangered species. The 50 minute presentation may feature an owl, snakes, dingo, crocodile and lizards. They will be given the opportunity to hold and touch some of the animals, if they choose to.

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

**Date:** Thursday 26<sup>th</sup> July, 2018

**Times:** 9am to 9.50am – 4OB  
9.50am to 10.40am – 4CM  
11.10am to 12noon – 4SB  
12noon to 12.50pm – 4EH  
2pm to 2.50pm – 4NW

**Venue/Address:** Thomas Mitchell Primary School – Room 18

**Cost:** \$12.00

**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: **Friday 20<sup>th</sup> July, 2018**

Sara Berardo  
Contact/Coordinating Teacher

John Hurley  
Principal

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### **THOMAS MITCHELL PRIMARY SCHOOL – YEAR 4 ACTIVITY – THE ROOKEEPERS ‘THE WILDLIFE WORKS’**

I give permission for my child .....in class .....  
to participate in the above activity on Thursday 26<sup>th</sup> July, 2018.

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

I understand that animals will be present during the activity.

My child has the following allergies and displays these symptoms with his/her allergy:

.....  
.....

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.

If I attend this activity, I will not take photos of any student, nor will I upload to any form of social media etc.

Parent Name: ..... Phone: .....

Signed: ..... Dated: .....

Contact for day of activity: ..... Phone for day of activity: .....