

THOMAS MITCHELL PRIMARY SCHOOL

YEAR 5 ACTIVITY

PROJECT ROCKIT 'LAUNCHING EVERYDAY LEADERSHIP' WORKSHOP

11th October, 2018

Introduction/Links to Curriculum:

The Year 5 students at the beginning of this year reflected on our school values, 'Caring, Connected and Courageous'. Over the duration of the year the students have continually made connections to these values. Students have developed their relationships within the classroom and outside in the wider school community with these values in mind. They have often worked in teams within different settings, including class activities and sports.

The Year 5 students will be able to explore these skills further and also learn new strategies through the 'Project Rockit' workshop. Students have the opportunity to connect with other students in different activities throughout the workshop, developing their leadership skills and strategies in different scenarios and exploring social challenges themselves or a friend may face.

Participants/Classes:	5JC, 5JR, 5MR, 5RC and 5TG
Date:	Thursday 25 th October, 2018
Times:	9.10am – 10.40am – 5RC, 5MR and ½ of 5JC 11.10am – 12.40pm – 5JR, 5TG and ½ of 5JC
Venue/Address:	Thomas Mitchell Primary School – Room 18/19
Cost:	\$13.00 <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.
Permission form:	To be returned by: Friday 19th October, 2018

Melissa Reid
Contact/Coordinating Teacher

John Hurley
Principal

THOMAS MITCHELL PRIMARY SCHOOL **YEAR 5 ACTIVITY – PROJECT ROCKIT 'LAUNCHING EVERYDAY LEADERSHIP' WORKSHOP**

I give permission for my childin class
to participate in the above activity on Thursday 25th October, 2018.

I understand that the cost of \$13.00 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: