

THOMAS MITCHELL PRIMARY SCHOOL

YEAR 6 EXCURSION

GLENEAGLES SECONDARY COLLEGE 'ME, MYSELFIE AND I' PRODUCTION

16th August, 2018

Introduction/Links to Curriculum:

Year 6 students of Thomas Mitchell Primary School have been invited to view a matinee performance of Gleneagles Secondary College's school production, 'Me, Myselfie and I'. This musical explores the themes of friendship, bullying and being accepted, through the medium of social media, and the good and bad that comes with it.

Participants/Classes:	6BS, 6CI, 6CW, 6MV and 6TV
Date:	Wednesday 5 th September, 2018
Times:	Depart TMPS at 12noon Arrive back at TMPS at 2.20pm
Venue/Address:	Hallam Senior College, Frawley Road, Hallam
Travelling Arrangements:	Bus to and from the venue
Food Arrangements:	Students will eat lunch at school before departing for the venue
Cost:	\$5.00 <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: Thursday 30th August, 2018
Teacher in Charge:	Tessa Veljanovski

Tessa Veljanovski
Contact/Coordinating Teacher

John Hurley
Principal

THOMAS MITCHELL PRIMARY SCHOOL **YEAR 6 EXCURSION – GLENEAGLES SECONDARY COLLEGE 'ME, MYSELFIE AND I' PRODUCTION**

I give permission for my child in class
to participate in the above excursion on Wednesday 5th September, 2018.

I understand that the cost of \$5.00 is covered by the Excursion Levy payment I have made.

1 parent helper is 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: