

# THOMAS MITCHELL PRIMARY SCHOOL

## 3AC 3AS and 3IW ACTIVITY – LIFE EDUCATION ‘bCYBERWISE’

14<sup>th</sup> March, 2019

### Introduction/Links to Curriculum:

As part of our Inquiry Unit in Term 1, ‘Healthy and Safe @ T.M.P.S’, the Year 3 students will take part in a ninety minute workshop called ‘bCyberwise’ with Life Education. This program will explore cyber safety through animation, relevant scenarios, discussion and problem solving. This program aims to reinforce skills learnt in the classroom about online and offline safety through interactive scenarios and videos, as well as educating students about being safe and respectful online. Students will also discuss how to be safe online, as well as strategies to deal with cyber-bullying and face-to-face bullying.

<b>Participants/Classes:</b>	<b>3AC, 3AS and 3IW</b>
Date:	Wednesday 3 <sup>rd</sup> April, 2019
Times:	9.10am to 10.40am – 3IW 11.15am to 12.45pm – 3AC 2pm to 3.30pm – 3AS
Venue/Address:	Thomas Mitchell Primary School Life Education will bring their own Mobile Learning Centre to the school
Cost:	\$10.00 <b><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></b> 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: <b>Wednesday 27<sup>th</sup> March, 2019</b>

Anna Yin  
Contact/Coordinating Teacher

John Hurley  
Principal

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### **THOMAS MITCHELL PRIMARY SCHOOL – 3AC, 3AS and 3IW ACTIVITY – LIFE EDUCATION ‘bCYBERWISE’**

I give permission for my child .....in class .....  
to participate in the above activity on Wednesday 3<sup>rd</sup> April, 2019.

I understand that the cost of \$10.00 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: .....