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# THOMAS MITCHELL PRIMARY SCHOOL

## National Young Leaders Day - School and House Captains

6<sup>th</sup> March 2019

As you are aware, your child has been selected to represent Thomas Mitchell Primary School as a school leader. This is a position highly respected by students and staff due to the responsibility and influence these students carry.

To further their development as a successful leader, we would like our captains to attend the 'National Young Leaders Day' at the Melbourne Convention and Exhibition Centre on Monday 18<sup>th</sup> March, from 9:15am to 2:30pm. This is a wonderful opportunity to hear leaders, from around Australia and abroad, speak on the challenges and rewards of being a school leader.

Students will travel by bus with Year 6 teacher, Ms Maya Vitebski and parent helper Radmila Kraguljac who has a Working with Children Check. All costs will be covered by Thomas Mitchell Primary School. Students need to be at school by 7:30am and should assemble at the office. Students should bring a packed lunch and drink and be wearing school uniform. Please sign the permission slip below and return it to school by Thursday 14<sup>th</sup> March.

If you have any questions in regards to this excursion, please contact the school at your earliest convenience.

Kind Regards

Maya Vitebski  
 Year 6 Teacher

John Hurley  
 Principal

### **THOMAS MITCHELL PRIMARY SCHOOL - National Young Leaders Day - School and House Captains**

I give permission for my child ..... in class .....  
 to participate in the National Young Leaders Day on Monday 18<sup>th</sup> March, 2019 at the Melbourne Convention  
 and Exhibition Centre.

I understand that there is no cost for this excursion.

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: .....