

# THOMAS MITCHELL PRIMARY SCHOOL

## YEAR 1 ACTIVITY

### SUPREME INCURSIONS 'TOYS OVER TIME' WORKSHOP

9<sup>th</sup> May, 2019

#### Introduction/Links to Curriculum:

As part of our Term 2 unit 'Blast from the Past', Supreme Incursions will visit Year 1 students at school. Students will participate in a hands-on workshop titled 'Toys Over Time' where they will rotate through four activity stations and have the opportunity to learn about and use toys from the past.

**Participants/Classes:** 1AB, 1JR, 1JX, 1RA and 1SC

**Date:** Monday 27<sup>th</sup> May, 2019

**Times:** 9.10am to 10.40am – 1AB and ½ of 1JX  
11.15am to 12.45pm – 1SC and 1JR  
2pm to 3.30pm – 1RA and ½ of 1JX

**Venue/Address:** Thomas Mitchell Primary School – Room 18/19

**Cost:** \$11.00

**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: **Tuesday 21<sup>st</sup> May, 2019**

Amy Brown  
Contact/Coordinating Teacher

John Hurley  
Principal

---

#### **THOMAS MITCHELL PRIMARY SCHOOL** **YEAR 1 ACTIVITY – SUPREME INCURSIONS 'TOYS OVER TIME' WORKSHOP**

I give permission for my child .....in class .....  
to participate in the above activity on Monday 27<sup>th</sup> May, 2019.

I understand that the cost of \$11.00 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: .....