

# THOMAS MITCHELL PRIMARY SCHOOL

Thomas Mitchell Drive, Endeavour Hills, 3802. Ph: 9706 2254

Email: [thomas.mitchell.ps@education.vic.gov.au](mailto:thomas.mitchell.ps@education.vic.gov.au)

## 4OB and 4TV ACTIVITY – MAD ABOUT SCIENCE ‘HEAT AND ENERGY’

**\*\* Rescheduled due to lockdown \*\***

15<sup>th</sup> July, 2021

### **INTRODUCTION/LINKS TO CURRICULUM:**

In Term 2, the Year 4 students will be exploring the Science unit called 'Heat it Up and Feel the Force'. As part of our unit, students will have the opportunity to participate in a 'Mad About Science' in-house activity. Students will explore the properties of heat and other energies through hands-on experiments. They will learn how to produce useful heat energy in a multitude of ways, including through friction, motion, electrically and chemically. The Year 4 students will transfer heat through conduction, they will measure it and explore the amazing ways in which heat can generate change.

**Participants/Classes:** 4OB and 4TV

**Date:** Monday 2<sup>nd</sup> August, 2021

**Times:** 9.10am – 10.40am – 4TV  
11.15am – 12.45pm – 4OB

**Venue/Address:** Thomas Mitchell Primary School – LOTE Mandarin Room

**Cost:** \$12.00

**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 27<sup>th</sup> July, 2021**

Olivia Banas, Contact/Coordinating Teacher

John Hurley, Principal

### THOMAS MITCHELL PRIMARY SCHOOL

#### 4OB and 4TV ACTIVITY – MAD ABOUT SCIENCE ‘HEAT AND ENERGY’ - RESCHEDULED

I give permission for my child ..... in class .....  
to participate in the above activity on Monday 2<sup>nd</sup> August, 2021.

In signing below I understand the following:

- that the cost of \$12.00 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: .....