

# THOMAS MITCHELL PRIMARY SCHOOL

## PREP ACTIVITY – CARP PRODUCTIONS ‘MARVELLOUS ME’

4<sup>th</sup> February, 2021

### **Introduction/Links to Curriculum:**

This term the Prep students are focusing on building their confidence. “Marvellous Me!” celebrates everyone’s unique capabilities and it encourages our students to explore:

- Their own uniqueness
- Their special skills and qualities
- Self-esteem
- The importance of friendship
- Acceptance and diversity
- Co-operation and teamwork

This connects to the Victorian Curriculum ‘Personal and Social Capability Achievement Standard’, where students recognise personal qualities and achievements by describing activities they enjoy at school and home, noting their strengths. They recognise that attempting new and challenging tasks are an important part of their development.

<b>Participants/Classes:</b>	<b>OAP, OCA, OED, OKS and OSB</b>
Date:	Monday 22 <sup>nd</sup> February, 2021
Times:	9.15am to 10am
Venue/Address:	Outside ELC building (artificial grass area), Thomas Mitchell Primary School
Cost:	\$8.50 <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>Tuesday 16<sup>th</sup> February, 2021</b>

Karolina Stypa  
Contact/Coordinating Teacher

John Hurley  
Principal

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### **THOMAS MITCHELL PRIMARY SCHOOL – PREP ACTIVITY – CARP PRODUCTIONS ‘MARVELLOUS ME’**

I give permission for my child .....in class .....  
to participate in the above activity on Monday 22<sup>nd</sup> February, 2021.

I understand that the cost of \$8.50 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: .....