

THOMAS MITCHELL PRIMARY SCHOOL

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PREP ACTIVITY – THE ROOKEEPERS “THE WILDLIFE WORKS”

9th November, 2021

INTRODUCTION/LINKS TO CURRICULUM:

As part of our Literacy program, The Rookeepers will be visiting the Prep students for an animal workshop titled “The Wildlife Works”. The students will have the opportunity to discover a variety of unique animal groups found all over the country. This interactive workshop means that students will be face to face with snakes, wallabies, dingoes, owls, crocodiles and more! The Prep students will then practice their language skills by sharing and writing about their exciting experience with the various Australian animals.

Participants/Classes: Prep AP, Prep CA, Prep ED, Prep KS and Prep SB

Date: Monday 15th November, 2021

Times:

- 9.30am – 10.30am – Prep SB and ¼ of Prep AP
- 11.10am – 12.10pm – Prep ED and ¼ of Prep AP
- 12.10pm – 1.10pm – Prep KS and ¼ of Prep AP
- 2.10pm – 3.10pm – Prep CA and ¼ of Prep AP

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

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: Full school uniform including a school hat.

Permission form: To be returned by: **Thursday 11th November, 2021**

Teacher in Charge: Sara Berardo

Karolina Stypa
Contact/Coordinating Teacher

John Hurley
Principal

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I give permission for my child
in class to participate in the above activity on Monday 15th November, 2021.

- In signing below I understand that the cost of \$11.00 is covered by the Excursion Levy payment I have made.
- I understand that animals will be present during the activity.
- My child has the following allergies and displays these symptoms with his/her allergy:

.....
.....
.....

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 for day of activity: