

THOMAS MITCHELL PRIMARY SCHOOL

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YEAR 5 ACTIVITY NATIONAL GALLERY OF VICTORIA (NGV) 'COLONY TO NATION' PROGRAM

29th July, 2021

INTRODUCTION/LINKS TO CURRICULUM:

As part of our Term 3 Inquiry unit 'From The Dreaming to Federation', the Year 5s will be participating in an online workshop hosted by an educator from the National Gallery of Victoria. This virtual program brings history to life through visual analysis and storytelling, and explores Indigenous and non-Indigenous perspectives. Students will traverse Australia's past from first contact and colonisation through to Federation. Some of the learning objectives include discussing the impact of colonisation on First Australians, identifying the reasons for immigration and its impact on Australian identity, as well as examining the cultural events, practices and policies that led to Australia's federation. Students will explore themes in colonial Australian and Indigenous artworks

Participants/Classes: 5AS, 5IW, 5JR and 5RA

Date: Thursday 5th August, 2021

Times: 2.30pm – 3.30pm

Venue/Address: Thomas Mitchell Primary School – Year 5 classrooms

Cost: \$2.00

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: **Friday 30th July, 2021**

Riena Astuti
Contact/Coordinating Teacher

John Hurley
Principal

**THOMAS MITCHELL PRIMARY SCHOOL
YEAR 5 ACTIVITY**

NATIONAL GALLERY OF VICTORIA (NGV) 'COLONY TO NATION' PROGRAM

I give permission for my child in class
to participate in the above activity on Thursday 5th August, 2021.

In signing below I understand the following:

- that the cost of \$2.00 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: