**THOMAS MITCHELL PRIMARY SCHOOL**

**1IW 1JX and Half of 1AY EXCURSION CASEY SAFETY VILLAGE AND RAY BASTIN RESERVE**

26th February, 2015

**Introduction/Links to Curriculum:**
As part of our Term 1 topic entitled ‘Our Community’, Year 1 students will be visiting the Casey Safety Village to learn more about the importance of road safety, fire safety and the role of the CFA in our community. They will also visit Ray Bastin Reserve for lunch where they will have the opportunity to explore a great community facility that includes an exciting ‘rocket’ themed playground. If parents would like to come on the excursion, please see your child’s teacher and you may be asked to drive to Casey Safety Village themselves and meet us there.

**Participants/Classes:** 1IW, 1JX and half of 1AY

**Date:** Thursday 12th March, 2015

**Times:** Depart TMPS at 9.15am  
Arrive back at TMPS at 3pm

**Venue/Address:** Casey Safety Village, 65 Berwick Cranbourne Road, Cranbourne East and Ray Bastin Reserve, 2-14 Norfolk Drive, Narre Warren

**Travelling Arrangements:** Bus to and from the venue

**Food Arrangements:** Snack and lunch including 2 disposable drinks in separate named disposable bags.

**Cost:** $10.00

*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 including a school hat. They must bring a raincoat for inclement weather. Sunscreen is also recommended.

**Permission form:** To be returned by: Friday 6th March, 2015

**Teacher in Charge:** Iris Wong

Anna Yin  
Contact/Coordinating Teacher  
John Hurley  
Principal

**THOMAS MITCHELL PRIMARY SCHOOL –**

**1IW 1JX AND HALF 1AY EXCURSION – CASEY SAFETY VILLAGE AND RAY BASTIN RESERVE**

I give permission for my child .................................................................in class ...................................to participate in the above excursion on Thursday 12th March, 2015.

☐ I understand that the cost of $10.00 is covered by the Excursion Levy payment I have made.

☐ 5 parent helpers are needed for this excursion. If you are available to assist on the day, please tick the box below. The teacher will be in contact prior to the excursion if you are required.

☐ I am available as a parent helper on the day.

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: .................................................................