

5th May, 2015

**National Sports Museum: Olympic Themes Tour MCG
 Grade 4 and 3/4 Glenn Excursion**



Dear Parents/Carers,

On Tuesday 24th May 2016, students in Grade 4 and 3/4 Glenn will be attending the National Sports Museum for the Olympic themes tour at the MCG. This excursion forms part of our inquiry unit, titled “What makes a healthy me?”

As part of the excursion students will:

- Meet an Australian Olympian and hear about their experiences first-hand.
- Participate in an Olympic-themed tour of the iconic MCG.
- Entry to the National Sports Museum.
- Allocated time in the Game On! interactive gallery.

As part of his inquiry, we are looking at different ways we can travel without the use of a car/bus and being safe whilst on that chosen form of transport. For his excursion we will be travelling by train from Dennis Station to Jolimont Station.

Cost: \$23
 Date: Tuesday 24th May 2016
 Departure Time: 9.15 a.m.
 Expected Return: 3.15 p.m.

On the day, students will need to bring their playlunch, lunch and a refillable drink bottle in a small backpack.

The cost of this activity is **\$23**, which is covered by the \$100 ‘Activity levy’ that was paid at the beginning of the year. If you have not forwarded the ‘Activity levy’ yet, please do so as soon as possible or enclose \$23 in the attached envelope and return to the classroom teacher.

As we are travelling by train, we will be requiring 3-4 volunteers per class who will require a Working with Children Card. Please note your name down in the space provided below, if you are able to supervise on the day.

Many thanks,
 4 Team - Christine, Dorothy, Glenn, Tom and Rosie

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Grade 4 and 3/4 Glenn Excursion: National Sports Museum: Olympic Themes Tour MCG

I give permission for my child.....to travel by train to and from the Melbourne Cricket Ground on Tuesday 24th May, 2016.

In case of accident or sudden illness during the excursion, I authorise the teacher in charge to consent where it is impractical to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary.

Signature of Parent/Carer Date

Parent/Carer phone number/s on the day.....

Expressions of interest in attending the excursion

Name Contact No WWCC [] Yes