



Who Strives, Conquers

NAPIER INTERMEDIATE SCHOOL

Principal: Wendy Gray

'Dynamic Learning.'

20th February 2012

Dear Parents/Caregivers,

We are just weeks away from our overnight stay at Pukemokimoki Marae.

The Marae is situated in Riverbend Road Napier.

Week 6: Tuesday 6th March – Friday 9th March

Rooms	Leaving	Returning
Room 1 & Room 2	Tuesday 6 th March	Wednesday 7 th March
Room 3 & Room 4	Wednesday 7 th March	Thursday 8 th March
Room 5 & Room 6	Thursday 8 th March	Friday 9 th March

Week 9: Monday 26th March – Friday 30th March

Rooms	Leaving	Returning
Room 7 & Room 8	Monday 26 th March	Tuesday 27 th March
Room 9 & Room 10	Tuesday 27 th March	Wednesday 28 th March
Room 13 & Room 12	Wednesday 28 th March	Thursday 29 th March
Room 11 & Room 14	Thursday 29 th March	Friday 30 th March

*There will be more information to follow including an information evening on **Thursday 23rd February** from 5.30pm – 6.00pm in our school library.*

The cost of this overnight stay is \$25.

Please ensure that your son/daughter has returned their permission slip and medical/consent form. It is an expectation that all students will attend the Marae overnight stay as it is a critical part of our learning this term. If your child is unable to attend I would ask that you contact Mrs Gray personally or write her a note explaining the reasons

If you have any questions please don't hesitate to contact the school.

Yours sincerely

Wendy Gray
Principal

**NAPIER INTERMEDIATE SCHOOL
MARAЕ TRIP MEDICAL AND CONSENT FORM 2012**

Student's name in full: _____ Room: _____

Address: _____

Telephone: _____ (home) _____ (work) _____

Family doctor: _____ Telephone: _____

I approve of my child participating in the Marare trip, and in the event of any accident or illness, I authorise the obtaining, of such medical attention as may be required. I agree that s/he should take part in such activities as may be required by the Teaching Staff.

Permission is given specifically for

Please tick (✓)

Other duties as required by Teaching Staff

My child *has / has not* had a series of anti-tetanus injections.
The last injection was in

Please underline anything in the list below from which your child suffers, and give any other necessary information.

ASTHMA BEDWETTING STING ALLERGIES FOOD ALLERGIES

HAYFEVER SLEEP WALKING

Other notes: (for example - recent medical care, medicine being sent)

This information will remain confidential and we hope it will enable each child to participate on the Marae trip rather than stay away because of uncertainty or embarrassment. This information may be given under separate cover or you may visit the school to discuss the matter.

Signature: _____ Date: _____
(Parent/Caregiver).

STUDENT PERMISSION & PARENT HELP

Student Permission

- Students name.....
- Room

Plans to participate in his/her Marae Trip YES / NO (Circle one)

As with all school trips our 3R's (Respect, Responsibilities & Relationships) applies

(Parent/Caregiver) Signed.....

Contact Phone Number.....

Parent helpers

We appreciate that with so many parents working it is not always easy to make yourself available as a parent helper on school trips, particularly if they involve being away from home. It is however, imperative that we have adequate parent support in order to ensure the safety and welfare of students. We need at least **4 parents per group** who are able to fully participate in activities and undertake food preparation when required.

N.B. There will be **NO COST** for parent helpers.

✂

Parent Help

- I am available to assist as a parent helper on this trip YES/NO (Circle one)
- I am available to stay overnight YES/NO (Circle one)

Other:.....

.....

Name:

Contact Phone Number:.....