

Trip to Exscite & Waikato Museum

Thursday 5 September

Tuesday 13 August

Re: Kahikatea (Y0/1/2 Team) Trip to Exscite & Waikato Museum
Thursday 5 September
Departure: 8.45 am. Return 2.40pm



Dear Parents and Caregivers

As part of our learning around 'Exploring the Role of Invention' the junior team will be visiting the Exscite Centre based at Waikato Museum on Victoria Street on Thursday 5th September. The Exscite Centre has an 'Inventors and Innovation' display that is interactive and it will be perfect for our children's learning. We would like as many parents/caregivers to join us as possible to help supervise small groups of children. Unfortunately, this trip will not be suitable for preschoolers to attend. This is going to be a wonderful day and it is special to be able to share it with your children. We are always grateful for the outstanding support you always give to your children and us; this is really valued!

ALL CHILDREN, teachers and teacher aides will travel by bus. Unfortunately we do not have space on the bus for parents/caregivers unless under special circumstances. Parents will need to travel to Hamilton by car and we will meet at the school hall to arrange car pooling. The cost of the trip is \$16.00 per child to cover the bus, and entry fee. The cost per adult is \$5.00.

Attached is the permission slip. We look forward to sharing this day with as many of you as possible.

Kind regards

Kahikatea teachers (Year 0/1/2 team)



EXSCITE CENTRE - Kahikatea (Junior) Trip
Thursday 5th September

I give permission for my child _____ Room ___ to travel by bus to Exscite Centre YES/NO

I am able to take a car with a current Warrant of Fitness and ____ **adult** passengers. YES/NO

I am able to supervise a small group of children YES/NO

My child suffers from car/bus sickness YES/NO

Name _____ Signed _____

Contact phone number _____

(Please include payment details with the payment on the form below)

Payment
EXSCITE CENTRE - Kahikatea

Child's Name: _____

Room: _____

Child : \$16.00

Subsidised Adult Entry: \$5.00

Total Amount \$ _____

Paid at office I have paid by internet Banking

Internet Banking: David Street School 12-3437-0000066-00

Please enter **Child's Name** and **Trip** as reference when paying by internet banking.

Office use:

Payment \$ _____ Cash / Eftpos / Cheque / Internet Banking Date: _____