



Principal: Brian Harrop - brianh@davidst.school.nz

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Kauri Team Trip to MOTAT

Monday 9th September

Tuesday 10th September

Friday 9th August 2019

Re: Kauri Team (Yr 3 & 4) Trip to Auckland - MOTAT

Monday 9th September: Rooms 8, 9, 10

Tuesday 10th September: Rooms 6, 7, 11

Departure: 8 am. Return 4pm (approximately)

Kia Ora Tātou,

Our major learning focus for term 3 is 'Technology'. To help this learning the middle school will be going on a trip to MOTAT (Museum of Transport and Technology) in Auckland. During the day students will participate in an education programme and have some time to explore the venue.

We are always grateful for the outstanding support we receive to support your children's learning and we would like as many parents/caregivers to join us to learn alongside our students. Unfortunately, this trip will not be suitable for preschoolers to attend.

ALL CHILDREN and teachers will travel by bus, and we have room for a small number of parents to join us on the bus. We are likely to need 4-6 cars for parents to carpool, depending on numbers. We apologise that there is not more space. Please contact Sarah Godsall to see if there is space available on the bus.

The cost of the trip is \$40.00 per child to cover the bus, entry fee and education sessions.

Attached is the permission slip. We wanted to allow you time to arrange your schedules and have the opportunity if needed to pay the trip off in installments.

We look forward to sharing this day with as many of you as possible.

Ngā Mihi,

Sarah Godsall, Aimee McGall, Louise Binedell, Janine Fiebig, Vicky Marshall and Sam Niven

Kauri Team Trip to Auckland

Monday 9th September

Tuesday 10th September

I give permission for my child _____ Room ____ to travel by bus to MOTAT YES/NO

I enclose **\$40.00** cash/cheque/EFTPOS/internet YES/NO

I intend to pay the trip cost in installments YES/NO

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

My child suffers from car/bus sickness YES/NO

Any other medical information we may require:

Name _____

Signed _____

Contact phone number _____