

Titahi Bay School

LEARNING FOR LIFE

H E M A N U H O U A H A U , H E P I K A R E R E

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Dear Parent/caregiver

Your child, _____, has been selected to come to Battle Hill Farm Forest Park on Tuesday 7th August to help plant trees as part of an Arbor Day celebration. We are taking 50 children from across Ngahere (Ngā Manu O Te Ako and Te Whare Māia)

We will travel to Battle Hill Farm Forest Park on a bus, planting will be between 10am and 12pm. This day is a lot of fun but can be very messy so a change of clothes for when they get back to school is a good idea. Gumboots or other mud appropriate footwear for the planting are also a great idea. Some food (a sausage sizzle) is provided but children will still need their normal lunch and morning tea.

If you consent for your child to travel to and from Battle Hill Farm Forest Park on a bus and take part in planting trees please fill in the slip below.

We need adult supervisors to help supervise our children on the day. Please tick the appropriate box on the form below saying whether you are able to come and help out on the day or not. Places on the bus are limited so we will need most of our adult supervisors to carpool to the event.

Thank you
Jamie Merrick

I give permission for my child, _____, to travel to and from Battle Hill Farm Forest Park on a bus and take part in planting trees on the 7th August 2018.

Greater Wellington Regional Council would like to use photos from the day for sharing amongst their staff and possibly putting on their Facebook page.

Please tick **ONE** of the following

I **give** permission for GWRC to use photos of my child taken on the day.

or

I **do not give** permission for GWRC to use photos of my child taken on the day.

Please tick **ONE** of the following

I **am able** to help as an adult supervisor on the day.

or

I **am not able** to help as an adult supervisor on the day.

If you are able to go and are also willing to provide transport to other parents please tick this box and say how many you can transport. I can transport _____

Please print your name _____

Signed _____

Contact number _____