

**Junior School Awards and Certificates**

**Team 4**

- 1st New Life Education
- 2nd New Katoomba School of Management, Pty Ltd New South Wales
- 3rd New Junior TAFE NSW
- 4th New Katoomba School of Management
- 5th New Katoomba School of Management
- 6th New Katoomba School of Management
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**Team 5**

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**Malaysia School Dates for 2018**

**Term 1: 1 February - 10 April**

**Term 2: 20 April - 8 July**

**Term 3: 23 July - 28 September**

**Term 4: 13 October - 20 December**

**Toosties**

Friday at lunchtime

Please write orders on an envelope with your child's name, class and number and email to [toosties@katoomba.nsw.edu.au](mailto:toosties@katoomba.nsw.edu.au)

**\$2.50 each**

Choose

- Chocolate & mint
- Chocolate & hazelnut
- Chocolate & vanilla
- Chocolate & orange
- Chocolate & pineapple

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**Permission Slip for Kopua Kapa Haka Festival at Mangawhai Beach School on 11 November 2017**

I give permission for \_\_\_\_\_ to participate in the  
Kopua Haka Festival on 11th November.

Please get there there by 11.00am and meet the school at Room 13.

Signed: \_\_\_\_\_

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**Junior Nga Tamariki: Marae Trip (Rooms 2 and 3)  
2017  
CONSENT FORM**

Teachers in Charge: Mira Palaka, Anna Jamieson, Katrina Benschick, Katherine Brown, Nik Massey, Situtane Tamariki.

Group: Nga Tamariki and Kapa Haka

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

I give permission for \_\_\_\_\_  
to attend the 2017 The Marae Trip at Ohangamua Marae on the 14<sup>th</sup> of November at the cost of \$9.00 per child (This has  
been subsidised by the Wharewae Committee)

**KAIWAKA SCHOOL / Kaiaua School**  
**Nga Tamarake: Noho Marae**  
**2017**  
**CONSENT AND HEALTH FORM**

Teachers in Charge: Nihia Pakeke, Aroha Jaramon, Korina Berchick, Ruthanne Ennis, Nik Massey, Siobhain Tarasquet.

Group: Noho Tamarake and Kaipahuka

I give permission for \_\_\_\_\_  
to attend the 2017 The Noho Marae at Otamatea Marae on the 14<sup>th</sup> and 15<sup>th</sup> of November at the cost of \$25.00 per child.

I have enclosed \$ \_\_\_\_\_ on payment for the Noho Marae.

Or I will send payment on \_\_\_\_\_

I agree that my child will attend by the school rules while on the Noho Marae.

I agree that my child will follow instructions given to them by the staff and parent helpers.

I give staff the authority to arrange and administer if necessary, any medical treatment  
for my child.

I give the staff permission to administer parent if deemed necessary by the Noho Marae leadership. ~~yes / no~~

I give staff to change the authority to arrange any travel costs, or to school if school is open, for the student above, if my response should be to be required for reasons of ill health or discipline.

Parent notes that our Policy On Sexual Harassment states:  
The prohibition of sexual or sexual abuse is not permitted at school directed functions specifically for children, for the duration of the event, on or off the premises, e.g. school camps, discos, expeditions, concerts or while school is open for instruction.

Smoking Free  
Adults supervising children are asked not to smoke.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

1. **ALLERGY INFORMATION**  
Does the student have to take any medication? YES NO  
If yes, please specify \_\_\_\_\_  
*All medication, and instructions for its administration, need to be given to a teacher responsible for the trip.*

2. Does the student suffer from an allergy or disability? YES NO  
If yes, please specify \_\_\_\_\_

3. Does the student have any dietary requirements that will impact on their ability to eat food while on camp? If so what are they?  
YES NO Please explain \_\_\_\_\_

4. Would the student be limited, in any way, in taking part in physical activities? YES NO  
If yes, please specify \_\_\_\_\_

5. Has the student had an anti-injection in the last five years? YES NO

6. Is the student allergic to penicillin? YES NO

7. Has the student been in contact with an infectious disease in the last month? YES NO  
If yes, please specify \_\_\_\_\_

8. Is the student a competent swimmer? YES NO

**Please supply an address and contact number where you can be contacted during the Radio Marathon.**

Name: \_\_\_\_\_  
Home address: \_\_\_\_\_  
P.O. \_\_\_\_\_ Mobile: \_\_\_\_\_  
Work: \_\_\_\_\_

Alternative emergency contact person: \_\_\_\_\_  
Home address: \_\_\_\_\_  
P.O. \_\_\_\_\_ Mobile: \_\_\_\_\_