



# WAIKANAЕ PRIMARY SCHOOL

Principal: *Bevan Campbell B Ed, Dip Tchg*

Seddon Street, Waikanae  
Telephone: School 04-902 6544, Fax: 04-902 6547, Dental Clinic 04-296 1681  
Email: admin@waikanae.school.nz

16 October 2007

Dear Parent / Caregiver

\_\_\_\_\_ has been selected to be a school patrol team member at Waikanae School for the remainder of this year.

This is a very responsible duty and will require your assistance in ensuring regular and punctual attendance. A roster and timetable will be provided.

Training of the School Patrol members will be conducted by a Police Education Officer.

Your approval is sought before this training can begin.

Please detach the return form below and return it to school as soon as possible.

Yours sincerely

Moana ILALIO  
Constable H414  
Police Education Officer

Bevan Campbell  
Teacher in Charge of School Patrols

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• I give permission for \_\_\_\_\_ (child's name) to be a member of the School Patrol team.

OR

• I do not give permission for \_\_\_\_\_ (child's name) to be a member of the School Patrol team.

Parent / Caregiver signature: \_\_\_\_\_