



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

• 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: _____