



FARM COVE INTERMEDIATE

6 April 2017

Dear Parent/Guardians

Area One is planning a trip to The Mind Lab, 69 Carlton Gore Road, Newmarket. The Mind Lab offers learning experiences that support the development of the next generation of makers, doers, inventors and creators.

The purpose of this school trip is to support Science inquiry in Term 2 - hands on, interactive experience that supports our chosen Science themes.

Dates

Homegroup 1 and 3: Thursday, 18 May
Homegroup 2 and 4: Thursday 25 May

We will be departing school at 8.45 am, returning at approximately 3.00 pm

Students should bring their lunch, drink bottle, a small bag, medication (if required).

Please complete the slip below and return it to school.

The cost of the visit is \$33.00 and includes transport and The Mind Lab educator's sessions. Cash and cheque payments along with the slip are to be placed in a sealed envelope stating your child's name, homegroup with "Mind Lab" written on it. Payments should be placed in the secure payment box in the Library and must be back at school by Wednesday, 17 May and 24 May respectively. Methods of payment are:

- Cash/cheque
- On-line banking to our ASB account (A/c No 12 3011 0162324 00) (reference your child's name, area/homegroup and "Mind Lab"),
- EFTPOS at the school office
- Through the school shop – visit our website www.farmcove.school.nz and follow the link

While this activity will enhance your child's learning it is not part of the delivery of the curriculum.

Yours faithfully

Whitney Roper
Area 1 Teachers

Joanne Andrews

Lud Worrall-Badar

Lewis Anderson

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AREA 1 THE MIND LAB TRIP

My child _____ Area 1 Hg _____ has permission to participate in The Mind Lab Trip on 18/25 May.

I am able/unable to assist on the day.

Payment of \$33.00 will be made by:

<input type="checkbox"/> Cash/Cheque (enclosed)	<input type="checkbox"/> On-line banking to school bank A/c
<input type="checkbox"/> EFTPOS at the office	<input type="checkbox"/> School shop

Date Paid _____

Parent's signature _____ **Parent's name** _____

Telephone No. _____