**ELC PROGRAMME BOOKING FORM**

Booking reference:

**School Information**

School Name:

School Phone Number:

School Address:

School Office Email:

MOE School number: Decile:

Type of school: Total students on roll:

District:

**Lead Teacher(s)**

Teacher 1 Name: Mobile Phone:

Email:

Teacher 2 Name: Mobile Phone:

Email:

**Visit Information**

Date:

Arrival Time: Departure Time:

Venue: Programme Title:

**Student information:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Insert Y L** |  |  | **Total** **Students** | **Accompanying Teachers** | **Accompanying Adults** | **Total** **Adults** |
|  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Student Ethnicity** | **Number of students** |
| Māori |  |
| Pasifika |  |
| NZ European |  |
| Other (please state) |  |

(Student ethnicity information is required for Ministry of Education reporting)

**Your Learning Outcomes**

Topic/Curriculum area(s), Level/stage of study

**Your Costs/ Invoice Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Visit Venue:** Kiwi North | **Cost per student:**$5.00 | **Cost per adult****(if applicable\*)**$20.00 | **How will you pay?**(EFTPOS/Cash/Post visit invoice) |
| **Email Address for Invoice:** | **Predicted student numbers:** | **Predicted adult numbers:** | **Predicted Total Cost:** |

I confirm that these numbers are an accurate prediction and agree to our school being invoiced accordingly -

exact numbers will be confirmed at the time of the visit.

|  |  |
| --- | --- |
| **Name of Group Leader:** |  |
| **Signed:** |  |
| **Educator:**  |  Suzanne Woodgates S.Woodgates |
| **Date** |  |

**Terms & Conditions:**

* If you do need to cancel your confirmed booking, we require at least 7 days notice. Cancellations made within 7 days of your visit will incur a 50% cancellation fee. Cancellations made on the day or “no shows” will be invoiced at 100%. This does NOT apply to bookings that are cancelled solely because of a Covid-19 related situation/event, in which case no charges will be made.
* **\***Do you agree that all adults over the ratio of insert will be charged at the full rate of admission? Y / N
* Do you agree that Kiwi North can use photos of my students for internet and hard copy use? Y / N
* Have you read and agree with the RAMS document? Y / N
* **We will require onsite and post-visit evaluations.**

**Thank you for supporting ERC at Kiwi North**.