



KNIGHTON
NORMAL SCHOOL

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Pēpuere (February) 2026

KIRIKIROA NOHO MARAE - Senior Area EOTC

Dear parents/caregivers / ki a koutou e ngā whānau,

We are excited to once again offer our Year 5/6 tamariki an incredible FREE 'Education Outside the Classroom' (EOTC) learning opportunity at our local Kirikiriroa marae (Wairere Drive, behind our kura).

This experience is deeply based in the NZ curriculum and will give our tamariki a chance to learn about:

- History of Kirikiriroa Marae and our connection to the whenua (land) that our kura (school) is built on.
- Pōwhiri (welcome ceremony), including karanga - call on the marae performed by girls and whaikōrero - standing to greet and give your family history in front of the main building and tangata whenua given by boys.
- Mātauranga (knowledge) shared through the precious whakairo (carving), kōwhaiwhai (traditional patterns) and tukutuku (decorative wall panels) inside the wharenuī (meeting house).
- Giving service back to our community and strengthening our connection with Mana Whenua

Te Hihiri (our senior dual immersion unit) will welcome all mainstream classes to Kirikiriroa Marae.

Each akomanga (class) will stay at Kirikiriroa Marae from 2 pm until 11:00am the following day.

Please complete the attached Health and Consent form for your child to return to their classroom teacher

NOHO MARAE OVERNIGHT SCHEDULE TERM 1 2026

Akomanga 28 Kaiako - David Hannah	Monday 9 March	Akomanga 29 Kaiako - Deborah Forrester	Wednesday 11 March
Akomanga 5 Kaiako - Nicole Antoniadis	Monday 9 March	Akomanga 30 Kaiako - Jen Freeman	Wednesday 11 March
Akomanga 27 Kaiako - Grant Miller	Tuesday 10 March	Akomanga 31 Kaiako - Kylie McMullan	Thursday 12 March
Akomanga 32 Kaiako - James Penman	Tuesday 10 March	Akomanga 33 Kaiako - Meg Bevan	Thursday 12 March
Akomanga 22 and 21 Kaiako - Mihi Waaka and Rawiri Blundell		Thursday 26 March	

Parents/caregivers are welcome to attend an information evening about our Noho Marae, 5:30 - 6:00 pm, 24 February in the staffroom.



All meals will be provided (afternoon tea, dinner, breakfast, morning tea, lunch). Kai (food) will be simple, healthy and nutritious. Please complete the dietary needs section for your child on the health and consent form that came home with this notice.

Programme Day 1		Programme Day 2	
2:00 pm	Pōwhiri & afternoon tea	7:00 am	Wake up & dressed
	History of Kirikiriroa Marae	7:30 am	Breakfast & duties
	Set up wharenuui for sleeping	8:30 am	Clean up wharenuui - pack away gear
	Duties - set table	9:00 am	Working bee
	Playtime before dinner	10:40 am	Poroporoaki Return to kura (school)
5:30 pm	Dinner	11:00 am	Morning tea & playtime
6:30 pm	Clean up - duties Playtime & games Showers and into pj's.	11:40 am	Follow-up activities: Mahi toi - e.g. kōwhaiwhai / tukutuku
7:30 pm	Story time & waiata		
8:30 pm	Lights out & bed		

Ngā mihi nui
Nā Senior Kura Kaiako

Kirikiriroa Noho Marae



If you are 18 or older and think you can join us as a whānau helper at our overnight marae stay, please write your details here and return this slip to your child's kaiako (teacher).

Your child's name: _____

Your name: _____

Contact phone: _____

Email: _____

Health and Consent Form - KIRIKIROA NOHO MARAE EOTC

This form must be accompanied by an information sheet listing all activities the student will be participating in as part of the EOTC event. Details on this form will remain confidential to school staff and other adults associated with supervising activities on the event. This form or a copy must be taken on the event.

KAIAKO: M Bevan	AKOMANGA: 33	Dates: Thurs 12 Mar - Fri 13 Mar
Event: KIRIKIROA MARAE NOHO	Location: 951 Wairere Drive, Hamilton East, Hamilton 3216 (behind kura)	
NAME OF CHILD		

Name of parent / caregiver:		
Address:		
Phone (day)	(evening)	(mobile)

EMERGENCY CONTACT DETAILS

Name:		
Relationship to child:		
Phone (day)	(evening)	(mobile)

HEALTH and MEDICAL INFORMATION

Please tick if your child has any of the following:			
<input type="checkbox"/> migraine	<input type="checkbox"/> epilepsy	<input type="checkbox"/> asthma	<input type="checkbox"/> diabetes
<input type="checkbox"/> sinus problems	<input type="checkbox"/> hay fever	<input type="checkbox"/> other (please specify)	
Treatment required?			

Please tick if your child is allergic to any of the following and provide details of treatment required if any.	
<input type="checkbox"/> prescription medicine	_____
<input type="checkbox"/> insect bites/stings	_____
<input type="checkbox"/> other allergies (state)	_____

Is there any other information the staff should know to ensure the physical and emotional safety of your child?	
e.g. <input type="checkbox"/> bed wetting <input type="checkbox"/> sleepwalking <input type="checkbox"/> cultural practices <input type="checkbox"/> anxieties (e.g. darkness, unfamiliar surroundings)	
If YES, please give details:	

Does your child currently take any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, please state:	Ailment/s:
	Name of medication:
	Dosages and times to be taken:
	Other treatment:

Please tick any dietary requirements relevant for your child	
<input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> Halal <input type="checkbox"/> Dairy free	<input type="checkbox"/> Gluten free <input type="checkbox"/> Food allergies - please provide details below <input type="checkbox"/> Other - e.g nuts, eggs etc please specify below
Is there anything else we need to know about your child's dietary needs...	

When was your child's last tetanus injection?	
What pain medication may your child be given if necessary?	

To the best of your knowledge, has your child been in contact with any contagious or infectious disease in the last four weeks? <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please give brief details:

CONSENT INFORMATION - Please tick boxes and sign below:

- Tick
- I approve of my child taking part in this event, and have read the information sheet.
 - In the event of an accident or illness, I agree to my child receiving any emergency medical, dental or surgical treatment as, in the opinion of a staff member, assisting parent or a medical professional, may be required.
 - Any medical costs not covered by ACC or a community service card will be paid by me.
 - I agree that if prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medication is clearly labelled, securely fastened and given to the teacher with instructions on its administration.
 - I understand and agree that the designated adult will make their "best effort" to administer the medication as directed and if they are inadvertently unable to, then I will take no action against them.
 - If at some time in the future it is discovered that the medication has side effects, I will not take any action against the school administering the medication.

Signed:	Date:
Caregiver name:	