



KNIGHTON
NORMAL SCHOOL



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WEBSITE | www.kns.ac.nz

PRINCIPAL | Stuart Armistead M.Ed. (Educational Leadership), B.Ed., Dip.T.

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 • He hōnore, he korōria ki te Atua. He maungārongo ki te whenua. He whakaaro pai ki ngā tāngata katoa
 • Ka tika me mihi ki Te Ārikinui e te kīngi Tūheitia, me tōna hoa rangatira a Te Atawhai, a rāua tamariki hoki.
 • Paimarire ki a rātou te Kāhui Ariki.
 • Ki ngā mate o te wiki, o te marama, o te tau, rātou kua huri atu ki tua o te arai, moe mai, moe mai i raro i te
 • korowai o Hine-nui-te-Pō, o Papatūānuku hoki.
 • Ki a tātou te hunga ora, ngā mihi nui, ngā mihi aroha ki a tātou katoa.

Tena koutou e te whanau

This is to confirm that parents/caregivers wish their child to be considered for placement in the Partial Immersion Unit.

In these classes the New Zealand Curriculum would be taught as in all the other rooms, but a percentage of the instruction would be in Maori. This could be the first part of the day and then instruction would be in English. As the children's ability and fluency in Maori increases, so would the percentage of teaching in Maori. Te Hihiri has operated like this, since 1999.

In order for me to plan class numbers, it is necessary to get a commitment from those interested.

I would like interested parents/caregivers to fill in the return slip. This would then ensure your child is **placed on the waiting list**. *Your child needs to be in-zone or attending Knighton before they can be placed on the waiting list.* If/when a vacancy arises, I will contact the whanau of the child next in order of priority prior to filling the vacancy.

Noho ora mai
Materoa Collins
Deputy Principal

KNIGHTON NORMAL SCHOOL – TE HIHIRI CLASSES

I would like our child/ren to be placed in an immersion class. *(Please print clearly)*

Name of child: _____ (M/F) (Class level) ____ DOB _____

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Iwi: _____ Kohanga/Pre-School _____

Please circle the priority your child fits ...

Priority 1 = Kohanga / Rumaki / Matatau i te reo

Priority 2 = Sibling of children from Te Hihiri

Priority 3 = Others / Bilingual Centre etc

Name of Parent/Caregiver: _____ Occupation: _____

Phone: _____ Date: _____