



"Tōku Reo"
"Tōku Ohooho"
"Tōku Māpihi Maurea"
"Tōku Whakakai Mārihi"

TŌKU MĀPIHI MAUREA KURA KAUPAPA MĀORI

137 SILVERDALE ROAD
SILVERDALE
HAMILTON

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Transport Assistance Grant Transfers

Whānau _____

Wāhanga: ____ / ____

I agree to transfer the following amounts from Transport Assistance Grant pūtea to the following school accounts;

| HE AHA? | CODE | KŌRERO ANŌ | UTU |
|-----------------|------|------------|-----|
| Kākahu Kura | 8051 | | \$ |
| Pukapuka | 8001 | | \$ |
| Haerenga | 4902 | | \$ |
| Hopuni | 4901 | | \$ |
| Hāngarau | 0260 | | \$ |
| Poitūkohu | 0280 | | \$ |
| Poitarawhiti | 0275 | | \$ |
| Whutupōro Pā | 0275 | | \$ |
| Haupoi Retireti | 0275 | | \$ |
| Akoranga Kauhoe | 4910 | | \$ |
| Kaupapa Anō | | | \$ |
| | | | \$ |
| TAPEKE | | | \$ |

Waitohu: _____



**BANK ACCOUNT DIRECT CREDIT AUTHORITY
TRANSPORT ASSISTANCE GRANT CLAIM FORM**

NAME OF SCHOOL: TOKU MAPIHI MAUREA KURA KAUPAPA

FAMILY NAME: _____

CHILD(REN)'S NAMES(S): _____

& ADDRESS: _____

Claim period (circle): Term 1 Term 2 Term 3 Term 4

Parent/Caregiver's Name: _____

Signed: _____ **Date:** _____

BANK DETAILS:

| | | | | | | | | | | | | | | | | | |
|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | : | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | : | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | : | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|

Bank

Branch

Account Number

Suffix (eg. 00)

Remittance to be sent by:

EMAIL To Email address: _____

POST To the above address
To another address: _____

PLEASE ATTACH A COPY OF YOUR BANK DEPOSIT SLIP HERE:

Note: Only attach if new bank account details or there has been a change.