






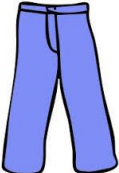














# STUDENTS NEED TO BRING

Please remember to clearly name every item with your Son/Daughter's:-

NAME  
and  
SCHOOL NAME

Thank you

	<input type="checkbox"/> Sleeping Bag	 	<input type="checkbox"/> Pillow <input type="checkbox"/> Pillow Case <input type="checkbox"/> Blanket
	<input type="checkbox"/> 3 X Shorts		<input type="checkbox"/> Tracksuit Pants
	<input type="checkbox"/> 5 X T-shirts		<input type="checkbox"/> 2 X Shirts (For night time)
	<input type="checkbox"/> 2 X Warm Pants (NO JEANS)		<input type="checkbox"/> 2 X Jumpers
	<input type="checkbox"/> Onesie or Pyjamas		<input type="checkbox"/> 2 X Shoes
	<input type="checkbox"/> 5 X Pair of Socks & <input type="checkbox"/> 5 X Underwear		<input type="checkbox"/> Wet Weather Gear
	<input type="checkbox"/> Toiletries ✓ Soap & Face Washer ✓ Toothpaste & Brush ✓ Deodorant & Brush		<input type="checkbox"/> Towel
	<input type="checkbox"/> Bedtime Toy (if required)		<input type="checkbox"/> Sunscreen <input type="checkbox"/> Sunglasses
	<input type="checkbox"/> Sun Hat <input type="checkbox"/> Beanie		<input type="checkbox"/> Torch <input type="checkbox"/> Insect Repellent
	<input type="checkbox"/> Water Bottle		<input type="checkbox"/> Personal Medication (Clearly labelled with your family name)

PLEASE NOTE:- NIGHTS MAY BE VERY COLD