



The Federation of The Downs & Northbourne Church of England Primary Schools



*Chair of Governors: Dr A Eyden
Vice Chair of Governors: Revd D Ridley*

The Downs CEP School
Owen Square, Walmer
Kent CT14 7TL
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Website: www.downs.kent.sch.uk

*Head of School: Ms T Leighton
Deputy Head of School: Ms N Luxford
SENCO: Mrs S Mitchell
Family Liaison Officer: Mr M Turner*

Northbourne CEP School
Northbourne, Deal
Kent CT14 0LP
Tel: 01304 611376 Fax: 01304 621938
Website: www.northbourne-cep.kent.sch.uk

*Head of School: Mr M Reynolds
SENCO: Mrs K Morrison
Family Liaison Officer: Mr M Turner*

15 November 2018

Dear Parents/Carers,

Year R will be visiting Dover Museum on Tuesday 22nd January 2019 and taking part in some learning workshops. They will also have the opportunity to visit the museum.

The cost of the trip will be £11 per child.

We will be leaving school just after morning registration and travelling to Dover by coach. We will return to school for home time at 3:10pm. All children will need to be in full school uniform and have a coat.

As Year 1 children are entitled to Universal Free School Meals, a packed lunch can be provided by Whole School Meals free of charge. If you require a packed lunch to be provided by Whole School Meals please indicate below or place your order via the school office. If you do not request a packed lunch we will assume your child will have their own. If you are providing your own packed lunch can it be in disposable containers and a carrier bag so that the children don't have to carry it around with them all day.

Please complete the consent slip below and return to the class teacher by Tuesday 15th January 2019.

If you are able to help on this trip please could you let myself or Mrs Soules know so that we can arrange for the appropriate paperwork to be completed.

Many thanks,

Mrs Langley
Lower School Team Leader

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Year R Dover Museum

I consent to _____ in class _____ visiting Dover Museum on Tuesday 22nd January 2019.

Should the necessity arise I agree to the person in charge of the party giving consent on my behalf for an anaesthetic to be administered or for any other urgent medical treatment to be given. This could include the sharing of information about my child if necessary, such as name, date of birth, contact details etc.

Please delete as appropriate:

£11.00 Payment made by: Pupil Premium Online

Are happy for your child to be photographed as part of this event and their picture included on our website and/or in the local press? YES / NO

My child will require a packed lunch provided by Whole School Meals YES/NO

Does your child suffer from any allergies / specific medical conditions:

Signed _____ Contact number _____ Date _____

