

Mrs Sarah Moss, Headteacher
Tel: 01304 611360
Fax: 01304 621145
Email: headteacher@eastry.kent.sch.uk
www.eastry.kent.sch.uk



EASTRY CHURCH OF ENGLAND
PRIMARY SCHOOL
COOKS LEA
EASTRY
SANDWICH
KENT
CT13 0LR

7th May 2024

Dear Parents & Carers,

Year 2 visit to Walmer Castle – Friday, 12th July 2024

On Friday, 12th July I have arranged a visit for the children to attend Walmer Castle and gardens to support their learning in history. The children will be able to discover the secrets and stories of Walmer Castle and explore the award winning gardens.

To help keep costs to a minimum we will be sharing a coach with Year 5 who will be visiting Dover Castle on the same day. **The cost per pupil of the visit including coach travel to and from the venue is £10.50.**

The children will leave the school at 9.30am travelling by coach, returning before the end of the school day.

Please apply sun cream to your child before arriving to school and if this needs to be reapplied ensure that this is labelled with your child's name and handed to a member of staff. Children should wear school uniform and comfortable shoes. Children should also bring a packed lunch, snack and water bottle (no glass bottles or fizzy drinks). If you would like your child to have a packed lunch provided for them please indicate on the slip attached, if not ticked we will assume that you are providing them with your own packed lunch.

In line with legislation and the school governor's policy statement on the subject, we would like to remind you that no pupil will be prevented from going on an educational visit during school hours through inability to pay the voluntary payment request. *(If you are not able to pay please let the School Office know immediately).* **However, please note that it may be necessary to cancel the visit if sufficient voluntary contributions are not forthcoming.**

Please complete and return the consent attached, together with any payment, to the school office by **Friday, 17th June.**

Kind regards

Mrs K Foley
Class Teacher



Consent Form

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My child _____ may participate in the above visit.

I enclose payment of **£10.50**
(Please make cheques payable to Eastry CEP School.)

or

BACS payment of **£10.50** is made to;
National Westminster Bank Sorting Code **60-60-08** Account No. **83294147**
Account Name **Eastry CEP School** **Please quote your child's name as the reference.**

PLEASE NOTE THAT IF SUFFICIENT VOLUNTARY CONTRIBUTIONS ARE NOT RECEIVED BY 17th JUNE THE VISIT WILL HAVE TO BE CANCELLED. ANY PAYMENTS MADE WILL BE REFUNDED.

My child would like the school to provide them with a packed lunch.

Any allergies? YES/NO* Please specify:

I agree to my son/daughter* receiving medication as instructed and any emergency dental, medical and surgery treatment, including anaesthetic or blood transfusion **as considered necessary by the medical authorities present.**

Signed: _____ Name: _____

Contact Telephone on the day: _____
(Parent/Guardian)

*Please delete as appropriate