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

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22<sup>nd</sup> January 2025

Dear Parents & Carers,

**Year 4 visit to Dover Museum Anglo-Saxon Workshop – Wednesday, 18<sup>th</sup> June 2025**

On Wednesday, 18<sup>th</sup> June I have arranged a visit for the children to attend the Anglo-Saxon Workshop at Dover Museum to support their learning in history for Term 6. **Thanks to a generous parent subsidy for travel costs, the cost of the visit, which includes the day at the Dover Museum Anglo Saxon Workshop and all materials, will be £10.00.**

Children will spend the day learning about the Anglo Saxons, have the opportunity to handle artefacts, visit the Bronze Age boat gallery, and take part in an art workshop. You may like your child to bring an apron or old shirt to wear when they take part in art workshop. Children should also bring a packed lunch, snack and water bottle (no glass bottles or fizzy drinks). If your child is entitled to a free school meal a pack lunch can be provided for them. Please indicate on the slip attached that this is required, if not ticked we will assume that you are providing them with your own packed lunch.

The coach will leave school at 9.30am and will return before the end of the school day.

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 a return the consent attached, together with any payment, to the school office by **Friday, 14<sup>th</sup> February 2025.**

Kind regards,

Mrs Lucy Gleave  
Class Teacher



## Consent Form

### Year 4 visit to Dover Museum Anglo-Saxon Workshop – Wednesday, 18<sup>th</sup> June 2025

My child \_\_\_\_\_ may participate in the above visit.

I enclose payment of **£10.00**  
(Please make cheques payable to Eastry CEP School.)

or

BACS payment of **£10.00** 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.**

My child is entitled to a Free School Meal and 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