

Mrs Sarah Moss
Headteacher
Tel: 01304 611360
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

19th January 2026

Dear Parents & Carers,

Year 4 Anglo Saxon Day – Friday, 5th June 2026

On Friday, 5th June I have arranged a special Anglo Saxon Day to be run by 'History in to School'. During the morning a Saxon Lord will give a lively introduction to the period and the children will designing their own shields, learning about the invasion, food, games, crime and punishment. In the afternoon the children will look at armour, weapons and kit used by the Saxons. They will take part in javelin throwing, sword fighting (foam swords) and shield wall. We have arranged this workshop previously for Year 4 and the children had fantastic fun during this special day supporting their learning about the Anglo Saxons.

We would encourage children to dress up in costume of the era and have attached a sheet with some ideas using things you have at home.

The cost of this day, including all activities will be £15.90.

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, or taking part in extra activities, 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 WILL 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 **Tuesday, 2nd February 2026.**

Kind regards

Mrs Jackie Davies
Class Teacher



Consent Form

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My child _____ may participate in the above visit.

☐ I enclose payment of **£15.90**

(Please make cheques payable to Eastry CEP School.)

or

☐ BACS payment of **£15.90** is made to;

National Westminster Bank Sorting Code **60-60-08**

Account Name **Eastry CEP School**
reference.

Account No. **83294147**

Please quote your child's name as the

PLEASE NOTE THAT IF SUFFICIENT VOLUNTARY CONTRIBUTIONS ARE NOT RECEIVED BY 2nd FEBRUARY THE VISIT WILL HAVE TO BE CANCELLED. ANY PAYMENTS MADE WILL BE REFUNDED.

Signed: _____ Name: _____

Contact Telephone on the day: _____

(Parent/Guardian)

*Please delete as appropriate