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

16th September 2021

Dear Parents & Carers,

Year 3 visit to The History Project, Deal – Monday, 4th October

On Monday, 4th October Mrs Harvey, our History leader, has arranged a visit for the children to The History Project in Deal to support their learning about The Romans. A member of the History Project will lead the morning which focuses on Caesars invasions of our coast, but also covers the Claudian invasion too. We will leave school at 9.15am and return in time for lunch. Thanks to support from the Kent Community Foundation, The History Project are able to offer this workshop free of charge and just ask to take photographs of the morning – please therefore complete their photo consent release form enclosed. The cost of the visit will be £5.50 to cover the cost of the coach.

The children should wear normal school uniform, bring a rucksack with a rain coat, water bottle and a sun hat if needed. Please apply sun protection cream before your child arrives at school if needed.

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. (*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 The History Project consent form, to the school office by **Friday, 24th September**.

Kind regards

Miss Maria Leishman
Class Teacher

Consent Form

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My child _____ may participate in the above visit.

I enclose payment of **£5.50**
(Please make cheques payable to Eastry CEP School.)

or

BACS payment of **£5.50** 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.

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