

LEYBOURNE SS PETER & PAUL C E PRIMARY SCHOOL



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11th May 2017

Dear Parents

Trip to Chatham Memorial Synagogue – Tuesday 13th June 2017

To support the children's learning in Religious Education this term, we have organised an educational visit to the Chatham Memorial Synagogue on Tuesday 13th June 2017.

We are asking for a voluntary contribution of £12.15 per child, this includes the cost of the coach and the visit to the synagogue. If we do not have sufficient funds from parents, it will not be feasible to run the trip. If you have any difficulties regarding the funding of this trip, please contact Mrs Jaggard or myself in confidence.

Payments can be made via Schoolcomms – the online payments system, (our preferred method of payment), cash or cheque (payable to Leybourne School). If you need any assistance with the on line facility please speak to Mrs Hardy in the school office.

Please can you return the permission form and payment by Thursday 25th May 2017. If you need a longer period of time to send in the money, please return the completed permission form and add a covering note advising the office when you will be sending in the cash/cheque or on line payment.

We will be travelling by coach and the children will be back by lunchtime, so will be able to have either their school or packed lunches when they return. Please let us know if we have any children who do not travel well on a coach.

If you have any questions regarding any aspect of this trip, please do come and speak to myself or Mrs Jaggard in confidence.

Kind regards

Miss Harrison

**We promote the learning and development of all children to achieve their full potential
in a caring, happy Christian environment**



Leybourne Ss Peter & Paul CEP School is part of The Tenax School Trust which is an exempt charity and a company limited by guarantee, registered in England and Wales with company number 07542155. The registered office is at Culverden Down, Tunbridge Wells, TN4 9SH.

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I wish my son/daughter _____ (name of child) Class _____

to take part in the above-mentioned school trip and, having read the information sheet, agree to his/her taking part in any or all of the activities described. I have ensured that my child understands that it is important for his/her safety and for the safety of the group that any rules and any instructions given by the staff in charge are obeyed.

I understand that, while the school staff and helpers in charge of the party will take all reasonable care of the young people, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by my son/daughter arising during or out of the journey.

The payment of £12.15 has been made by Schoolcomms / Cash / Cheque (payable to Leybourne School) please delete as appropriate.

Please complete the following as is appropriate and cross out the statement which does not apply.

Date of Birth: _____ / _____ / _____
Name of own Doctor: _____
Doctor's Address: _____

My child has no illness, allergy or physical disability

My child has the following illness, allergy or physical disability

which necessitates the following medical treatment:

I consent to any emergency medical treatment necessary during the course of the visit.

Signed _____ Date _____

Parent/Guardian

Address

Telephone contact numbers for the duration of the trip

Home: _____ Work: _____ Mobile: _____

If not available at the above, please state an alternative contact person and number.

Name: _____

Telephone No: _____