

# LEYBOURNE SS PETER & PAUL C E PRIMARY SCHOOL

---



Rectory Lane North  
Leybourne  
West Malling  
Kent  
ME19 5HD

Tel: 01732 842008

Fax: 01732 842009

Email: [headteacher@leybourne.kent.sch.uk](mailto:headteacher@leybourne.kent.sch.uk)

[www.leybourne.kent.sch.uk](http://www.leybourne.kent.sch.uk)

28<sup>th</sup> April 2017

Dear Parents

## **Trip to Godstone Farm – Wednesday 24<sup>th</sup> May 2017**

Year R have organised an educational visit to Godstone Farm as part of their study which will take place on Wednesday 24<sup>th</sup> May 2017. We will be travelling by coach and should arrive back at school at the end of the school day.

We are asking for a voluntary contribution of £8.30 per child, this includes a tractor ride and a goody bag. The PTFA have kindly donated the cost of the coach and this has helped us to greatly reduce the cost of this trip. 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 your child's teacher 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 Friday 12<sup>th</sup> 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.

The children should wear their own clothes which must be suitable for the activities. They will need something waterproof in case of rain and appropriate shoes. If it is hot, please make sure that your child is wearing sunscreen and has a sun hat.

They will also need a packed lunch and two non-fizzy drinks in a plastic bag (which can be disposed of after lunch). We will be taking our fruit snacks with us. Please can the children put everything they need into a small backpack.

Please let us know if we have any children who do not travel well on a coach. Any extra sickness tablets etc for the return journey should be in a named envelope and given to myself or Mrs Mitchell together with a permission form – these can be obtained from the office. We are sorry but no sweets will be allowed on the journey.

We look forward to a lovely day.

Kind regards

Miss Dale

**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.

**Trip to Godstone Farm – Wednesday 24<sup>th</sup> May 2017**

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 £8.30 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.**

My child has no illness, allergy or physical disability  
My child has the following illness, allergy or physical disability

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

\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_