

# 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)

9<sup>th</sup> May 2017

Dear Parents

## **Trip to Horton Kirby Environment Education Centre – Thursday 8<sup>th</sup> June 2017**

As you are aware, we have organised an educational visit to Horton Kirby Environment Education Centre, this will take place on Thursday 8<sup>th</sup> June 2017. The trip will be a culmination of our topic on minibeasts and will involve pond dipping and minibeast hunting.

We are asking for a voluntary contribution of £9.65 per child. 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 Holditch or myself in confidence.

Our preferred method of payment is on line via Schoolcomms, if you have not yet registered for this facility please speak to Mrs Hardy in the school office and this can be arranged. Alternatively you can still pay by cash or cheque (payable to Leybourne School).

**Please complete and return the attached permission form by Friday 19<sup>th</sup> May 2017.** If you need a longer period of time to make the payment, please return the form and contact Mrs Hardy so that a note can be added to the records of the expected payment date.

The children can wear their own clothes, which should be suitable for hunting for minibeasts in the garden, the pond and by the river. We will be outdoors no matter what the weather, so please check conditions and dress your child accordingly – cap and sunscreen if hot, waterproof coat if rainy, sweatshirt if cool etc. Your child will also need a pair of wellies. Please ensure every item of clothing is named.

They will also need a packed lunch in a plastic bag – no boxes please, and a couple of extra bottles of water, all in a lightweight backpack if possible.

The coach journey is very short but please let us know if we have any children who do not travel well. Any extra sickness tablets etc for the return journey should be in a named envelope and given to a member of staff. We shall be returning before the end of the school day.

We look forward to a lovely day.

Yours sincerely

Mrs Wardle

**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 Horton Kirby Environment Education Centre – Thursday 8<sup>th</sup> June 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 £9.65 plus 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: \_\_\_\_\_