

LEYBOURNE SS PETER & PAUL C E PRIMARY SCHOOL



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2nd November 2016

Dear Parents

Trip to Guru Nanak Darbar Gurdwara – Sikh Temple - Gravesend

To support the children's learning in Religious Education this term, we have arranged a visit to the Guru Nanak Darbar Gurdwara on Tuesday 22nd November 2016.

During the visit, the children will have a tour of the temple. Please note that the purpose of the trip is to educate and inform; the children will not be participating in worship.

It is expected that all visitors should appropriately cover their heads, therefore we ask the children to bring a scarf for this purpose (hats or caps are not suitable). The children will also be expected to take off their shoes and store them in the racks provided at the entrance to the Temple.

We expect to return to school at approximately 1:15pm. All children will need to bring a packed lunch which will be eaten on our return.

The coach will be paid for by the PTFA who have kindly agreed to fund one coach per class per academic year.

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

We look forward to a great trip.

Kind regards

Louise Grinstead
Class Teacher

Trip to Guru Nanak Darbar Gurdwara – Sikh Temple - Gravesend – Tuesday 22nd November 2016

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.

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: _____