

LEYBOURNE SS PETER & PAUL C E PRIMARY SCHOOL



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4th October 2019

Dear Parents and Carers

Re: Year 6 Residential Visit July 2020

I can now confirm that we have booked the residential visit for Year 6 to PGL at Bawdsey Manor in Suffolk from Friday 3rd July to Monday 6th July 2020.

Thank you for returning the reply slips to confirm your child will be participating in this visit, we can now confirm that the cost of the visit will be £238, which can be paid in instalments. **We require the consent form to be returned together with a £38.00 non-returnable deposit, by Friday 18th October 2019.**

If you are likely to experience difficulty in meeting the full cost, or need a longer period of time to pay the deposit, please do speak to me in confidence, but can you please still return the consent form by Friday 18th October 2019. We are keen that no child should miss out due to financial worries, particularly given the current economic climate.

The £238.00 includes:

- Coach travel to and from the PGL centre
- A daily programme of activities
- Fun evening entertainment
- Travel insurance
- Full board

Our first meal being the evening meal on Friday and our final lunch on Monday.

You will just need to provide a packed lunch for Friday and up to £10.00 pocket money for your child.

Bawdsey Manor is a Grade II listed, private site, sitting in 144 acres of parkland and woodland and facing directly onto the beautiful Suffolk coastline, at the mouth of the River Deben. To find out more please visit this link:

<https://www.pgl.co.uk/en-gb/adventure-holidays/centres/bawdsey-manor-new>

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

The total amount must be paid by **Thursday 16th April 2020**. Our preferred method of payment is on line via Schoolcomms, you can also pay by cash or cheque (payable to Leybourne School).

Our suggested payment dates are as follows, although you will be able to make payments at any times convenient to you providing the full amount is paid by **Thursday 16th April 2020**.

£38.00	Non refundable Deposit	by Friday 18 th October 2019
£32.00	Interim payment	by Monday 18 th November 2019
£32.00	Interim payment	by Tuesday 17 th December 2019
£32.00	Interim payment	by Friday 17 th January 2020
£32.00	Interim payment	by Friday 14 th February 2020
£32.00	Interim payment	by Monday 16 th March 2020
£40.00	Final payment	by Thursday 16 th April 2020

We will be sending out receipts for each payment via Schoolcomms and should you wish to know the balance outstanding at any time, the school office will be happy to let you know this information.

The date required for the final payment may appear to be early, given that the trip takes place in July, however PGL require full payment in advance.

If you are likely to experience difficulty in meeting the full cost of the trip, please do speak to me in confidence. We are keen that no child should miss out due to financial worries, particularly given the current economic climate.

Kind regards

Tina Holditch

**Year 6 PGL Residential Visit to Bawdsey Manor in Suffolk
Friday 3rd July to Monday 6th July 2020**

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 deposit payment of £38.00 has been made by Schoolcomms / Cash / Cheque (payable to Leybourne School) please delete as appropriate.

Date of Birth: / /

Name of own Doctor:

Doctor's Address:

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 which necessitates the following medical treatment:

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

Signed _____ Date _____

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: _____

Signed _____ Parents Name _____ Date _____

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