

Whitstable Junior School

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8th May 2019

Kind regards

Dear Parent/Carer,

On Wednesday 22nd May 2019, Year 4 will be visiting Battle Abbey near Hastings to bring to life their work on the Anglo Saxons and witness at first hand where King Harold, last of the Saxons, fell at the hands of Duke William of Normandy. This is an amazing opportunity for the children to walk the path that changed history and see ancient buildings and artefacts at close hand.

We will be leaving school promptly at 09.00am and travelling by coach and school minibus to Battle arriving at approximately 10.30am. It is a long drive, so if your child suffers from travel sickness, please ensure they receive the necessary medication and provide a bag for them to use in the event of an emergency, any additional medication needs to be handed to a teacher on the day in a named envelope. The children will be walking the route of the soldiers across the fields and will therefore need to wear school uniform, sturdy shoes, we are hoping for fine weather but please provide a raincoat in case of rain/sun-cream and hat if it's particularly hot.

Due to English Heritage requirements, we will need some parent/carer helpers so please indicate on the slip below whether you would be available to help on the day.

We are asking for a donation of £7.00 to help cover the cost of the trip, so please return this with your permission slip. If your child is entitled to free school meals, please complete below if you need the school to provide a packed lunch on the day. We aim to return to school at roughly 4.00pm depending on traffic and will keep the school informed of our progress by text. You will therefore need to collect your child from the front entrance at this time.

Mrs Migden and Miss Oliver		
Year 4 Visit to Battle Abbey	, Hastings on 22 nd May 2019	
Please complete and return	to class teacher by Friday 17	^{/th} May 2019.
I/We give permission forpart in the trip to Battle Abbey	on Wednesday 22 nd May 2019.	(pupil name) in Class to take
My child is entitled; please provi	ide a school packed lunch: Yes/No	o
I give permission for my child to	travel in the school mini bus – Y	res/No
I am able to be a parent helper	on the day : Yes/No	
treatment including anaesthetic		d any emergency dental, medical or surgical red necessary by the medical authorities present explanation).
My emergency contact number	on the day is	
Name	Relationship to ch	nild
Signed	Date	
	AL BULL PL	Coastal Alliance













