



Whitstable Junior School

Oxford Street, Whitstable, Kent, CT5 1DB

Tel: (01227) 272385

Head Teacher : Ms Sarah Kent

e-mail: manager@whitstable-junior.kent.sch.uk

Dear Parent/Carers

Monday 15th January 2024

We are excited to be able to inform you that the children in class 5H have been invited to attend a Secondary School Taster Day at Archbishops Secondary on **Thursday 25th January from 9 am until 2.30 pm.**

We will be taking the children by school minibus, leaving site promptly at 8.30 am therefore we would like the children **to be at the bottom gate at 8.15 am on Thursday morning, in full school uniform** so that they can be registered before leaving. **Please also ensure that your child has a water bottle.**

The Archbishops School is planning to **welcome the children with a breakfast** in their school canteen at 9 am (your child does not need to eat this and we do advise ensuring they have eaten something before coming to school). After they have completed the welcome, the children will be put into two groups of 15 (organised by Mrs Harris). The day will consist of a mix of exciting lessons in Music, Drama and Art. The theme for the event is 'The Lion King'.

The children will be provided with an optional packed lunch from Archbishops School. Please note that **we will communicate any allergies or dietary requirements to the school before the day** so please ensure that you record anything on the form on the next page that is of importance. **Should you wish to provide breakfast /lunch and snacks for your child rather than receive food from The Archishops then please can this be indicated on the tear-off slip. Should you be entitled to free school meals and you would rather your child have a school-packed lunch then please also indicate this on the tear-off slip.**

Any inhalers will be taken by WJS staff and be on hand if required.

There will be plenty of opportunity for the children to have toilet breaks, and fresh air at lunchtime.

In order to give parents/carers an insight into the day and see the school in action, **you have also been invited to attend the celebration event at 2:00 pm** so please can you indicate this on the form on the next page if you will be attending. Should you be able to attend, you would be able to take your child home straight from the school. There is limited parking on site.

The day will end at 2:30 p m, when parents/carers can take children back with them, or children will go back to school via minibus, ready to be collected at the normal time of 3.15 pm at the bottom gate.

PLEASE CAN THE INFORMATION ON THE NEXT PAGE BE COMPLETED AND SENT TO THE OFFICE BY MONDAY 22nd JANUARY AT THE LATEST – THANK YOU

Should you have any questions please do not hesitate to contact me

Yours sincerely,

Mrs Roy

Assistant Headteacher



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The Archbishops Taster Day on Thursday 25th January 2024 from 8.15 am to 3.15 pm

I give permission for my child..... in 5H to attend the Taster Day on 25th January

Child's Date of Birth:
Name of child's Doctor:
Doctor's Tel No:
My son/daughter has (please tick); <input type="checkbox"/> No illness, allergy or physical disability <input type="checkbox"/> 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 event.

-I give permission for my child to be photographed by a member of Archbishops and for this photograph to be used on their website (please delete as appropriate) **Yes / No**

-My child has the following allergies that may affect eating breakfast or lunch

Please record here:

Please circle as appropriate:

-My child will be bringing their own breakfast and packed lunch

-My child will have the food provided by The Archbishop's school (Breakfast and packed lunch)

-My child requires a WJS-packed lunch as I don't want them to have the food at The Archbishops.

- I will be able to/not be able to attend the Celebration event at 2 pm on Thurs 25th January 2024 and will be/will not take my child home afterward.

SIGNED..... DATE.....Parent/Carer

Home Tel No.....Work.....Mobile.....

If not available at the above, please state an alternative contact

Name Tel. No.....

