

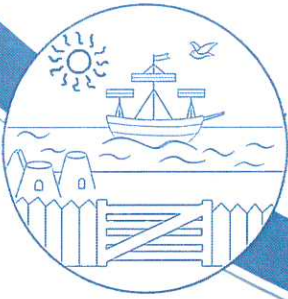
Sandgate Primary School

Coolinge Lane, Folkestone, Kent, CT20 3QU

enquiries@sandgate.kent.sch.uk

Tel: 01303 257280

Headteacher: **Mr M Green**



20th June 2018

Dear Parents/Carers

The pupils in Year 5 have been invited to attend a Taster Day at either The Folkestone School for Girls or The Harvey Grammar School on **Tuesday 10th July 2018**.

Children will arrive at school as normal; the girls will walk over to The Folkestone School for Girls and the boys will walk to the Harvey Grammar for a 9.15 a.m. start.

The children will get to experience a variety of subjects and additionally get a feel for what secondary school life is like. Children are asked to come to school dressed in their P.E. kits with a fleece/light jacket, no change of clothes are needed.

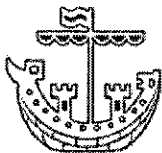
A lunch will be provided (there will be a selection of choices from the school canteen) as well as refreshments throughout the day.

The children will arrive back at school by the end of the day for normal collection.

Please complete the attached consent form, noting that our children will walk to the schools due to our close proximity rather than travelling by coach. Please return the attached consent form by **Wednesday 4th July**.

Yours sincerely

Year 5 Team



Year 5 Taster Day Consent Form

Name of Pupil:	Primary School currently attending:
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- I would like to accept the offer for my daughter to attend The Folkestone School for Girls for the Year 5 Taster Day and give consent for my daughter to travel by coach/minibus from her primary school to/from The Folkestone School for Girls with a member of staff from their primary school.*
- I would like to accept the offer for my son to attend The Harvey Grammar School for Boys for the Year 5 Taster Day and give consent for my son to travel by coach/minibus from his primary school to/from The Harvey Grammar School for Boys with a member of staff from their primary school.*
- I am happy for my daughter's/son's photograph to be used on future displays within the school (any photographs will be displayed with a name and will only be taken as part of a group activity on the day).*

*Please tick appropriate

Signed:	Parent/Carer
Name:	
Address:	
Contact telephone number(s):	
Email address:	
Date:	

In the event of my daughter requiring emergency treatment and the Head of School (or her representative) being unable to contact me, I give consent for the member of staff accompanying my child to approve the application of any emergency treatment, including anaesthetic, as advised by the medical authorities, for the wellbeing of my daughter.

If applicable:

My Daughter/Son has the following medical condition/allergy:

Signed:

Date: