



# Sandgate Primary School

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Tel: 01303 257280

Headteacher: **Mr M Green**

16<sup>th</sup> November 2018

**To Parents/Carers of Years R, 1 and 2 Pupils**

## **Dick Whittington Pantomime at The Leas Cliff Hall, Folkestone**

We have decided to take Years R, 1 and 2 to a special Christmas performance at The Leas Cliff Hall, to see Dick Whittington on **Wednesday 12<sup>th</sup> December 2018**.

We will leave school by coach at 9.15 a.m. and return at approximately 12.30 p.m. Children will have lunch on their return. Please supply a bottle of water and a small snack (no sweets) for your child to enjoy during the show.

The cost of this trip is **£12.00**. You will be sent a text and email inviting you to pay for this trip online. Please complete the slip below giving permission for your child to attend this trip and return it to your child's teacher by Wednesday 5<sup>th</sup> December 2018.

Children will need to bring a packed lunch on this day or a packed lunch can be provided by the kitchen at the cost of £2.30. Please indicate below whether you will be providing a packed lunch or require one from Pabulum.

In accordance with the school's charging policy, parents/carers are invited to make a voluntary contribution to cover the cost of this trip. Pupils who are registered with KCC for free school meals are welcome to, but not expected to make a contribution.

If you are able to help with this trip please inform the School Office.

Yours sincerely

**Mr Matthew Green**  
**Headteacher**



Child's Name: \_\_\_\_\_ Class Name: \_\_\_\_\_

I give permission for my child to visit **The Leas Cliff Hall to see Dick Whittington** on Wednesday 12<sup>th</sup> December 2018.

I also give permission for the teacher in charge of the group agreeing on my behalf for the administration of an anaesthetic or any other urgent medical treatment which may prove necessary.

I will provide a packed lunch from home

I would like a packed lunch provided by Pabulum

**Signed** \_\_\_\_\_ (Parent/Carer) **Date** \_\_\_\_\_

Emergency Contact number of parent/carer \_\_\_\_\_