



Herne Bay Infant School and Seashells Nursery

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Friday 12th January 2018

Canterbury Cathedral Trip

Dear Parents/Carers,

For our Stunning Starter to our Term 3 topic, Time Travellers, Year 2 will be visiting Canterbury Cathedral. At the Cathedral we will be learning about local history, exploring what life was like for monks in the past and trying lots of hands on experiences. We will be travelling by bus within school hours. The children will be leaving just after registration so please arrive promptly. If your child has a hot lunch they will have a school packed lunch on the day of the trip. Please bring your child to school equipped with a backpack (to carry their lunch and sketch book) and a bottle of water. The dates of the trip are:



Thursday 22nd February: Bees and Butterflies

Friday 23rd February: Dragonflies and Ladybirds

The cost per child is around £11. The PTFA have kindly offered to pay a chunk of the cost. We raised £127 around Christmas with our Christmas hamper competition and our Christmas markets. Thank you for your donations. We will also be using our available curriculum funding. For the remaining cost we are asking for a **contribution of £5 per child.**

WE NEED YOU!



As always we will need **parent helpers** to make the trip happen. Please write your name and number on the slip below if you are able to help with the trip. Please ensure you bring a packed lunch. Thank you in advance for your help!

Please **complete the form below** in, enclose your contribution in a **named envelope** and return to your child's class teacher.

Best regards,
The Year 2 Team

Year 2 Visit to Canterbury Cathedral

CONSENT

I give **consent** for my child (print child's name) to go on the Year 2 Visit to Canterbury Cathedral, to include a bus ride to and from Canterbury.

SIGNED..... Date.....

Parent/Guardian

HELPERS NEEDED

I / family member **will be able to help** with my child's class visit on (visit date)

Your name / Family member name (print helper name)

Contact Number (Mobile)

MEDICAL

Name of Child:	Class:
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:	

Should the need arise; I consent to any emergency medical treatment necessary during the course of the event.

SIGNED..... Date.....

Parent/Guardian

Home Tel

No.....Work.....Mobile.....

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

Name Tel. No.....