



WEST SUSSEX COUNTY COUNCIL
SUMMERLEA C.P. SCHOOL



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'Growing thoughtful learners and independent thinkers'



Monday 23rd September 2019

Dear Parents / Carers

On Friday 4th October, during the morning, Year 2 will be walking to Rustington to visit The Church of St Peter & St Paul.

We have been learning about special places, our local area and how it has changed.

The children will be given a tour of the church and will learn about parts of the church and how they are used for celebrations and worship.

There is no cost attached to this trip, however should you wish to make a small donation towards the church please send in 50p (or whatever you feel is reasonable) with your child on the day.

We will be walking to the church and children will need to wear school uniform, sensible shoes and a **warm** waterproof coat. In the case of severe weather, we may have no choice but to cancel the trip.

The children will be having lunch when they return to school, therefore, there will be no changes to the usual lunchtime arrangements.

We will be requiring parent helpers for this trip so if you are able to help please let your child's class teacher know, we will be very grateful.

Please complete and return the consent form attached **as soon as possible**.

Thank you for your continued support.

Yours sincerely

Mrs Crook , Mrs Welton & Miss Walker
 Year 2 Class Teachers



PARENTS' CONSENT FORM

Year 2 Trip to The Church of St Peter & St Paul, Rustington

Friday 4th October 2019

I give permission for to take part in the above mentioned educational visit, and having read the accompanying letter, agree to his/her taking part in any or all of the activities described.

I have ensured that my child understands that it is important for his/her safety and for that of the group, that any rules and instructions given by the staff in charge are obeyed.

I understand that, while the school staff and helpers in charge of the party will take all reasonable care of the children, unless they are negligent, they cannot be held responsible for any loss, damage or injury suffered by my son/daughter arising during or out of the journey. Insurance cover is taken out for all class visits.

*Please delete and complete the following as appropriate:

- My child has
- a) *no illness, allergy or physical disability
 - b) *the following illness, allergy or disability

.....
which requires the following treatment

.....
.....

I consent to any emergency treatment necessary during the course of the visit.

Signed

.....(Parent/Carer)

Please give a contact name and telephone number where we can reach you on the day (if necessary).

Name

Telephone Number