



# Joy Lane Primary School

*A Love of Learning, for Life, for All*

RB/fcp

Monday 30<sup>th</sup> January 2017

Oyster Bay Nursery & Oysters SRP (ASD)

Executive Headteacher: Ms D J Hines

Head of School: Mr M Ashley-Jones

Dear Parents & Carers of Pupils in Year 5



## Year 5 Dover Castle Trip – Wednesday 22<sup>nd</sup> February 2017

As part of this term's class topic 'Attack and Defence' we have planned a visit to Dover Castle. The visit will take place on Wednesday 22<sup>nd</sup> February 2017.

We will be travelling by coach, leaving School at approximately 9.20am and returning at approximately 3.15pm.

Pupils will need to bring a packed lunch, including drinks, (no fizzy drinks, glass bottles or chocolate). If your child is entitled to free school meals and you would like the School kitchen to provide a packed lunch for your child, please indicate this on the slip below.

Pupils should wear School uniform and comfortable footwear. In addition, please ensure your child has a warm coat, hat and gloves or a raincoat depending on the weather.

We are only asking for a contribution of £6 towards the cost of the coach. This can be paid in cash, a cheque payable to 'Joy Lane Primary School' or via our on-line payment system. ***All permission slips, together with payments, must be returned in a named envelope stating your child's class. By Wednesday 15<sup>th</sup> February 2017.***

Thank you for your continued support and we look forward to an enjoyable day.

Yours sincerely

*R Moorfield & P Bell*

Mr R Moorfield & Miss P Bell  
Year 5 Class Teachers



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***\* please tick as appropriate***



- I give permission for ..... (child's name) of ..... Class to take part in the Dover Castle Trip.
- My child is entitled to Free School Meals and would like a packed lunch prepared by the School kitchen.
- Should the necessity arise I agree to the person in charge of the visit giving consent on my behalf for an anaesthetic to be administered or for any other medical treatment to be given. If your child has a Medical Care Plan this will be included in the visit paperwork.

Emergency Telephone Number for the day: .....

Parent / Carer Signature: ..... Date: .....

Trips/DoverCastleYear5/Jan2017



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