



Rye Community Primary School & Starfish Pre-school
The Grove, Rye, East Sussex TN31 7ND
www.ryeprimary.co.uk
Headteacher: Miss Kelly Martin
office@ryeprimary.co.uk
01797 222825



Friday 5th January 2024

Dear Parents and Carers,

We have some exciting news for our Clownfish and Sea Turtles children! We have planned a wonderful trip to support our learning in Term 3. The children will be visiting Hastings Museum to take part in a 'Toys of the Past' workshop.

This trip will enrich their understanding of this term's topic Toy Story.

Date	Thursday 25th January 2024
Time	During the normal school day
Venue	Hastings Museum and Art Gallery
Transport	Coach
Clothing	School uniform
Other items needed	A packed lunch and a drink (no glass bottles or fizzy drinks, please)
Cost	A voluntary contribution of £9.60 per child

We have tried to make the trip as reasonably priced as possible and are asking for a voluntary contribution of £9.60. Please note that if not enough contributions are made, the trip will have to be cancelled.

We know that the children will gain so much from this trip and we can't wait to go!

Yours in anticipation,

Ms Brewster and Mrs Haddock



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Please complete and return to school by **Friday 19th January 2024.**

I give permission for my child (Name) to take part in the trip to Hastings Museum 'Toys of the Past' workshop.

I have paid £..... online on ParentPay for the cost of the trip.

My child is entitled to Free School Meals and would like a packed lunch provided by the canteen.

Signed..... Parent/Guardian

Medical form

Does your child suffer from any allergy, illness or disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes please provide further details, including any prescribed medication, times and doses.		
Do you consent to your child receiving first aid during the school trip?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you consent to your child receiving urgent care during the school trip, including the use of anaesthesia, if deemed necessary by medical professionals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I can confirm that the information I have provided within this form is accurate. I am also happy for my child to receive first aid or urgent medical care whilst on a school trip or activity.	
Name of parent	
Emergency contact number one	
Name of contact	
Emergency contact number two	

Permission form

By signing this form, I agree to the terms outlined in the letter that enables my child to participate in all of the listed school trips attached to this form.	
Name of pupil	
Year group	
Name of parent	
Signed	
Date	